

Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birthplace		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Harriet A Boston				
Father's Name	John Barker					Father's Birthplace
Mother's Maiden Name	Patty Boston					Mother's Birthplace
Name of person giving information	Seth Boston					How related to deceased

## CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary

Epilepsy

How long

20 years

Immediate

Fall in mud &amp; strangled

How long

at one

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Samuel S. Glotman  
Pawmwhale, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Henry Brown, Col.

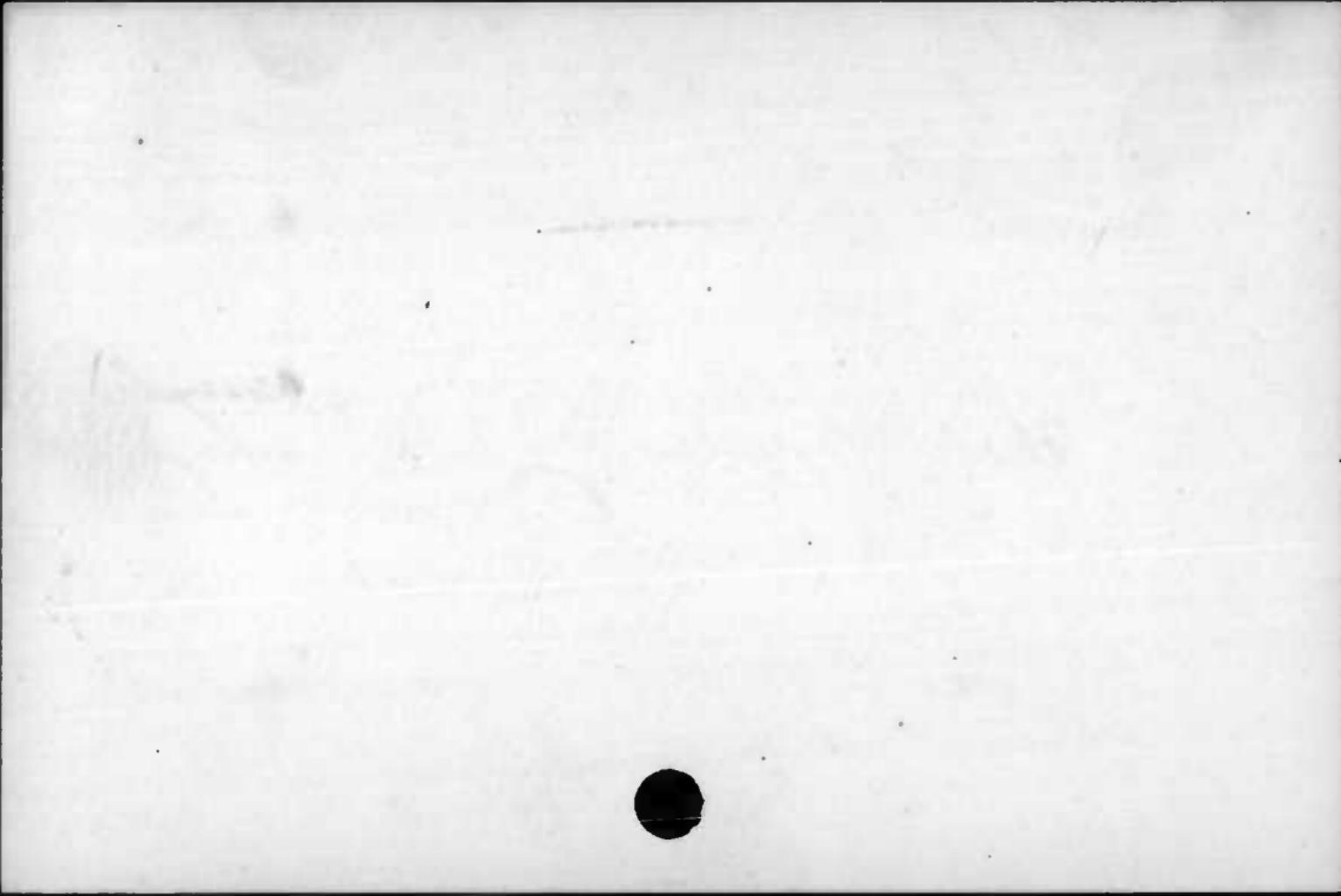
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month 7	Day 31	Age 75	Years	Months	Days
Sex	Male	Color or Race	Negro		Birth-place	Maryland	
Occupation	Harmer		Where Residing if not at place of death		Place of death		
Married, Single or Widowed			Name of Wife & Husband	Nicey J. Brown		Father's Birthplace	Md.
Father's Name	Levin Agres, Col.				Mother's Birthplace		Md.
Mother's Maiden Name	Rochelle Franklin, Col.				How related to deceased		Wife.
Name of person giving information	Nicey J. Brown						

CAUSES OF DEATH

50

Primary	Diabetes Mellitus		How long	about 4 years
Immediate	Diabetic Gangrene		How long	5 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. D. Strange, M.D.
			Address	820 Hill - Md.
Accident or Suicide?		neither		



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dr.

James H Clayville

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Date of death	Month	Day
1907	July	26
Age	Years	Months
Sex	Color or Race	Days
male	white	9 29
Occupation	Where Residing if not at place of death	

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Henry Clayville

Father's  
Birthplace

Mother's  
Maiden Name

Brattie Derrington

Mother's  
Birthplace

Name of person giving  
information

Henry Clayville

How related  
to deceased

CAUSES OF DEATH

179

How long

Primary

Barbiturates

How long

Immediate

5 days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W.D. Strangton

Address

5201 7th St.

Ind

Accident or Suicide?

~~375  
11.03  
11.25~~

~~375  
11.  
3.68~~

Name  
in  
Full

Sarah M Coard child

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
1909	7	26	Age	7
Sex	Female.	Color or Race	Colored	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			
Mary E Board	Grand Mother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

unknown

179

How long

all life

Immediate

unknown

How long

4 "

Are the name, age, sex, color, date and place correctly given above?

Yes

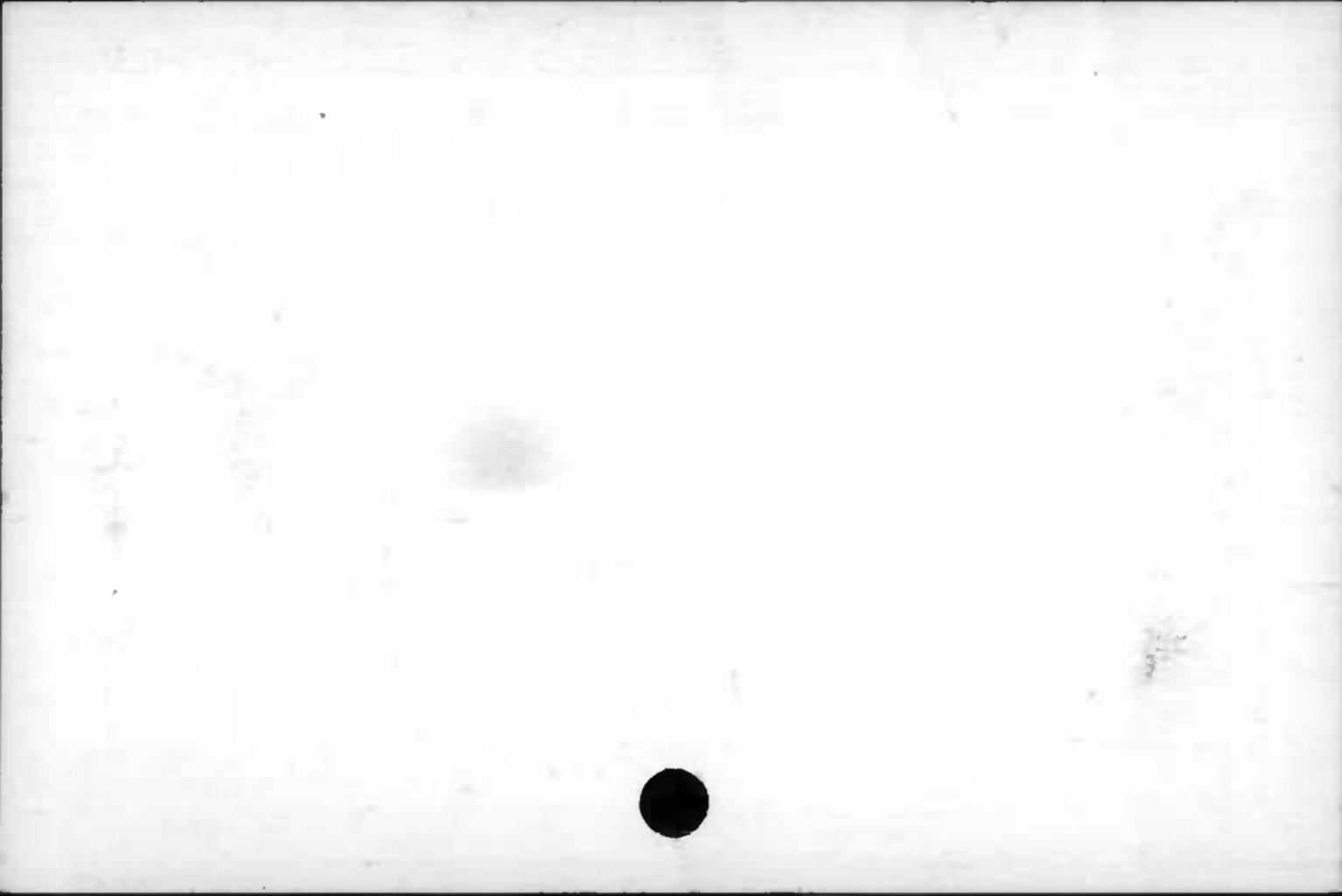
Signature of Physician

No. Doctor

Address

OK D A Massey  
N off

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sayma Belvoirfield Coffey

CERTIFICATE OF DEATH

MARYLAND

Died at Baltimore City

County Hagerstown

Date of death 1908 Month July Day 123

Years . Months Days

Age

6

Days

Sex Female

Color or Race

white

Birth-place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

105-

Primary

How long

Gastric enteritis

6 days

Immediate

How long

Bed side cellulitis

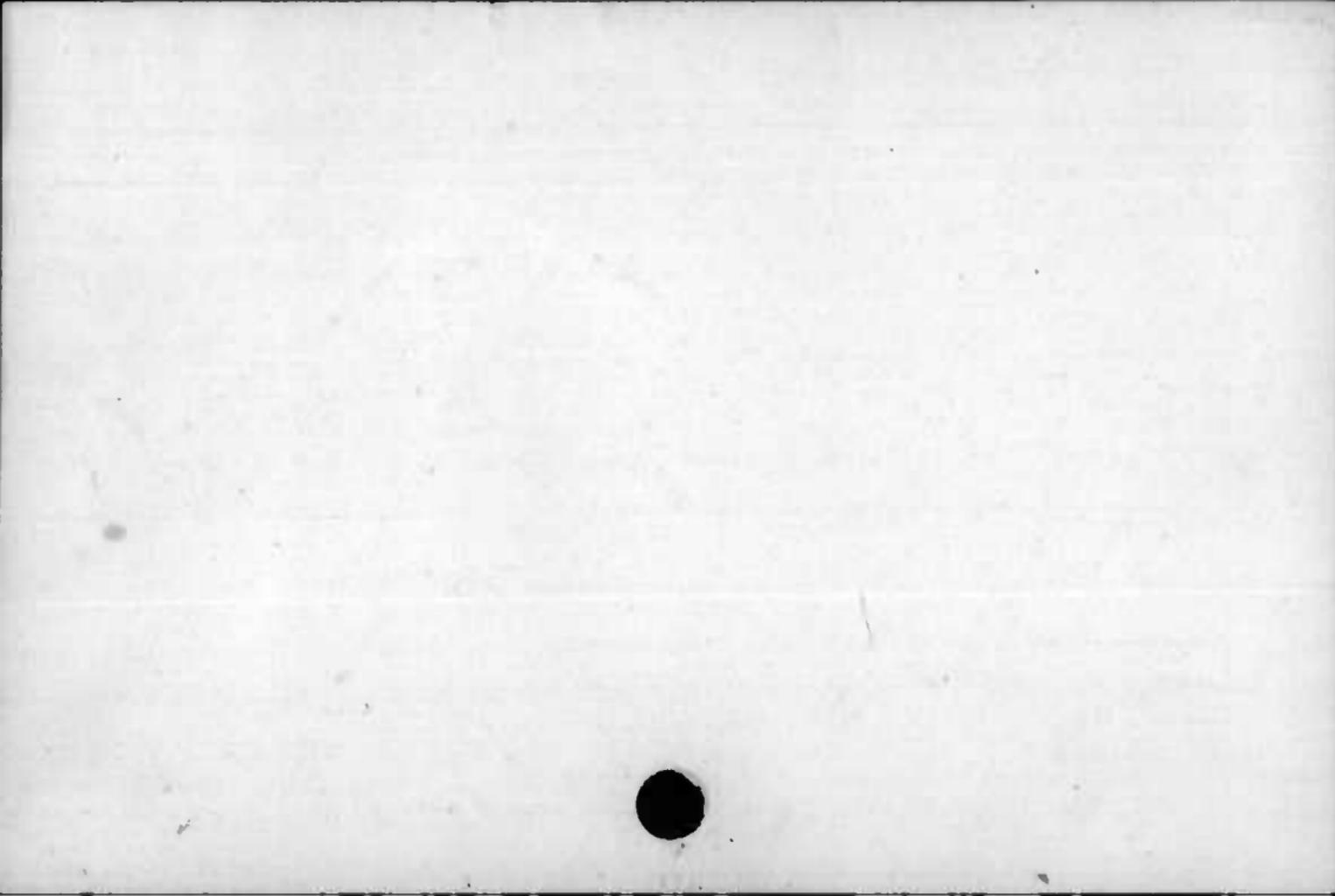
8 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George E Gerrick

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Stockton	worcester	
Date of death	Month	Years
1908	7	—
Day	Age	Months
31	—	7
Sex	Color or Race	Days
Male	Black	15

Where Residing if not  
at place of death

Married, Single  
or Widower

Name of Wife or  
Husband

Father's Name

Lee W Gerrick

Father's Birthplace

md

Mother's Maiden Name

Sarah Bowley

Mother's Birthplace

md

Name of person giving  
Information

Lee W Gerrick

How related  
to deceased

father

CAUSES OF DEATH

14

Primary

Dysentery

How long

4 weeks

Immediate

Heart failure

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

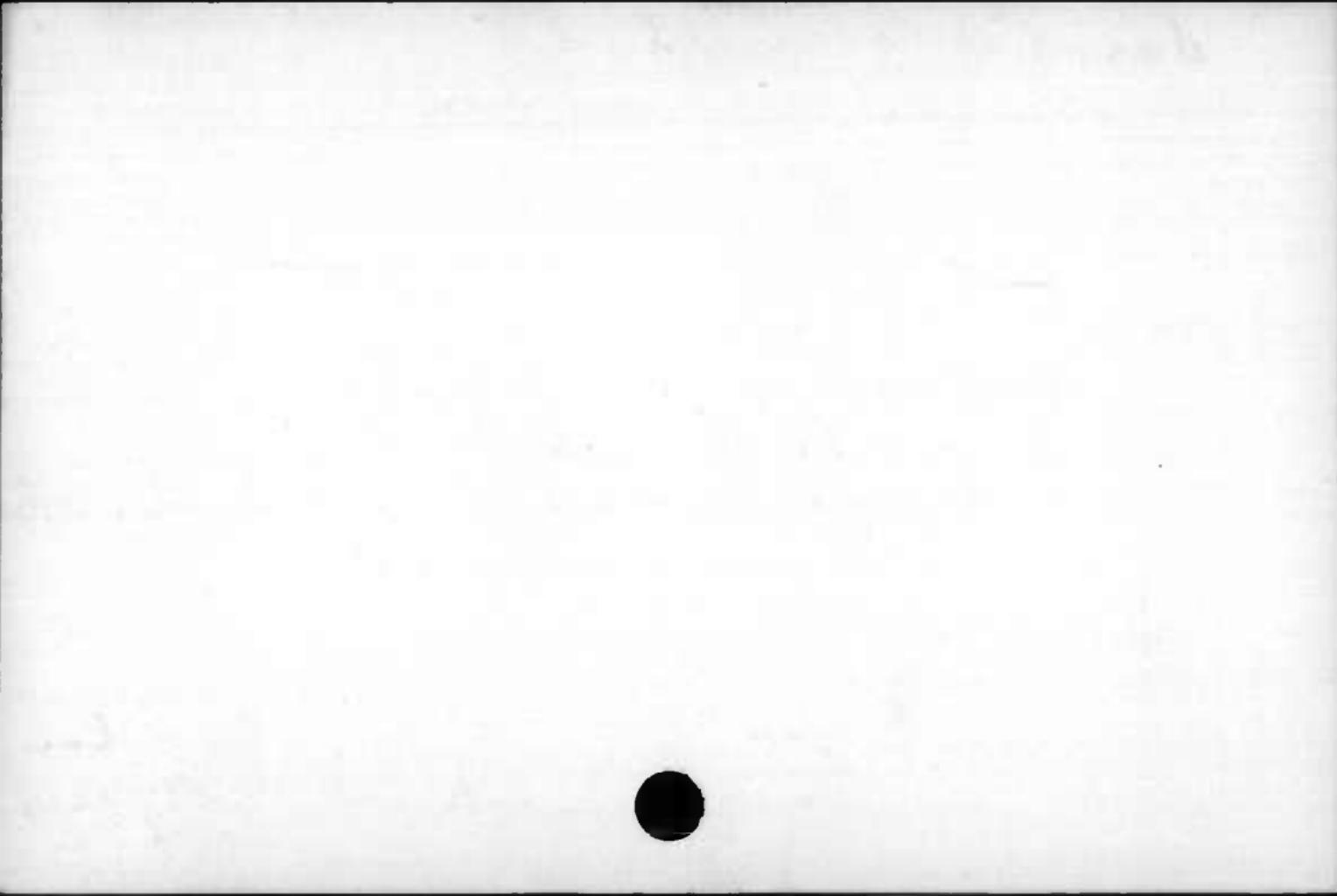
yes

Signature of  
Physician

W O Payne J.P.

Address

Accident or Suicide?



Name  
in  
Full

Phelby Conaway Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Newport News City &amp; Worcester</u>		County <u>MARYLAND</u>			
Date of death <u>1908</u>	Month <u>July</u>	Day <u>24</u>	Years <u>—</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Isaure Harwickson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Phelby Conaway</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Phelby Conaway</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

105

How long

Two weeks

PHYSICIAN  
OR CORONER

Primary

Glecolitix

Immediate

Are the name, age, sex, color, date and place correctly given above?

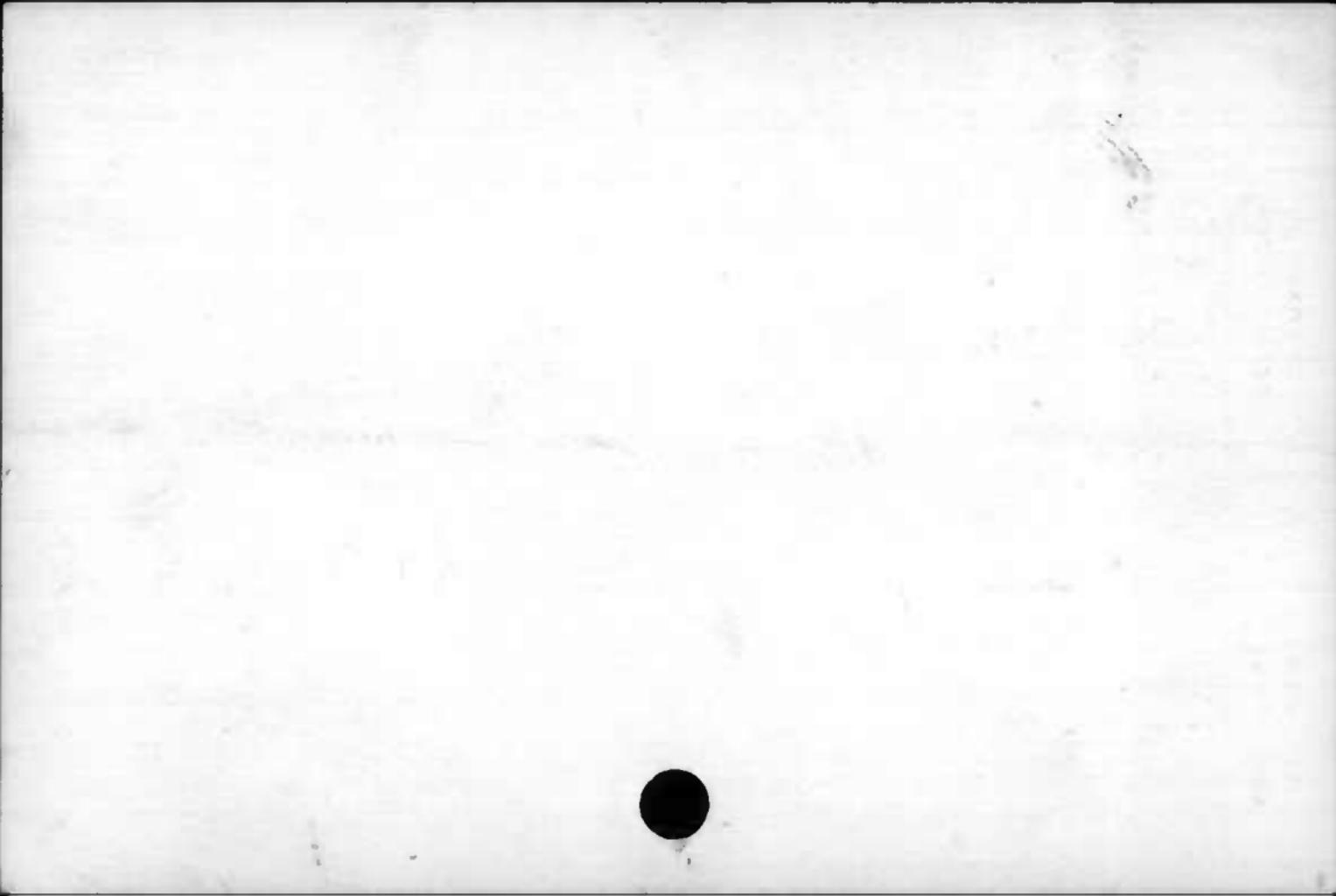
Yes

Signature of Physician

Address

J. B. Baggett M.D.  
Ocean City,  
Maryland.

Accident or Suicide



Name  
in  
Full

Sarah E F Dornes

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age		
Occupation	Domestic		Where Residing if not at place of death	Worchester Co Pawtucket City	
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Richard Holland		Father's Birthplace	Worchester	
Mother's Maiden Name	Ella Dornes		Mother's Birthplace	22 15	
Name of person giving information	Norman C. C. ein		How related to deceased	Nugitor	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Recent Confinement

140

How long

9 days

Immediate

Congestive Fever

How long

39°

Are the name, age, sex, color, date and place correctly given above?

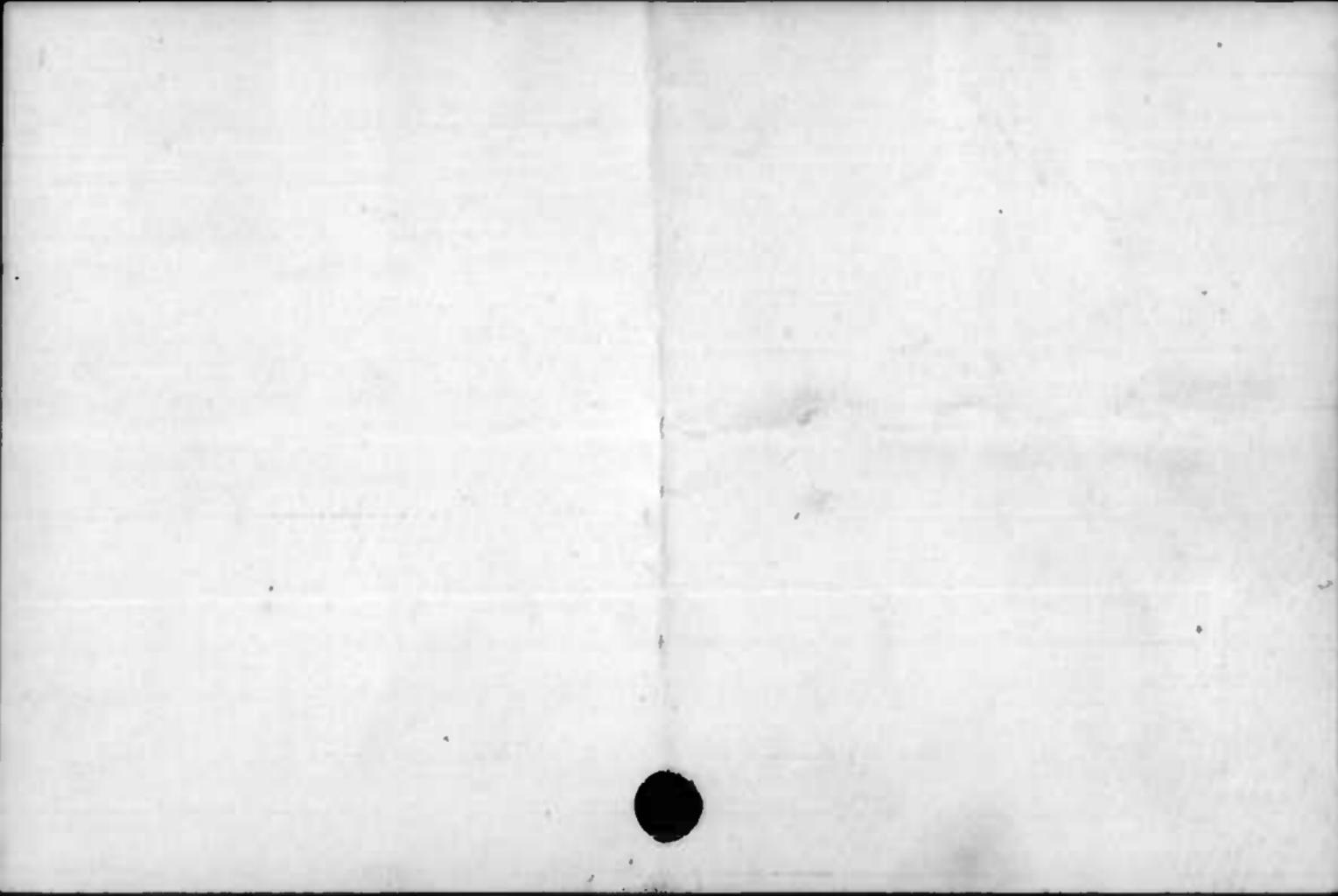
Yes

Signature of Physician

Address

Sarah J. Guvoro  
Pawtucket City Md

Accident or Suicide?



Name  
in  
Full

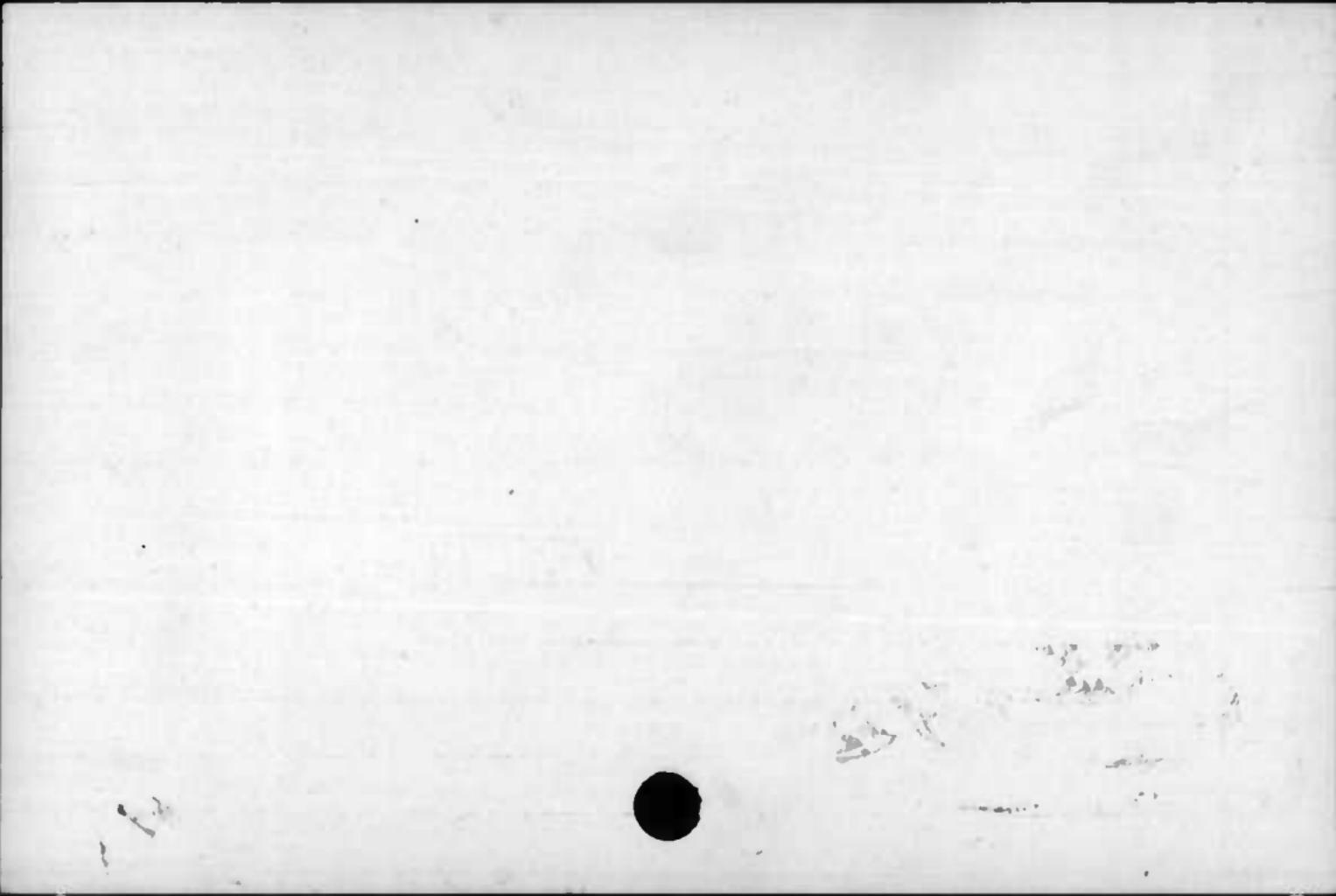
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bishopville</u> Town <u>Bishopville</u>			County <u>Worcester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>12</u>	Years <u>56</u>	Age <u>56</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>Nurse work</u>	Where Residing if not at place of death <u>at home</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William E Griffin</u>	Father's Name <u>Henry Bowden</u>	Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Harriet Bowden</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Peyantie Watson</u>	How related to deceased <u>Sister</u>					
CAUSES OF DEATH						
Primary	39					
Immediate <u>Cancer of mouth</u>	How long <u>6 months</u>					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. P. Collins</u>					
	Address <u>Bishopville</u>					

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Mary M Grotor

CERTIFICATE OF DEATH

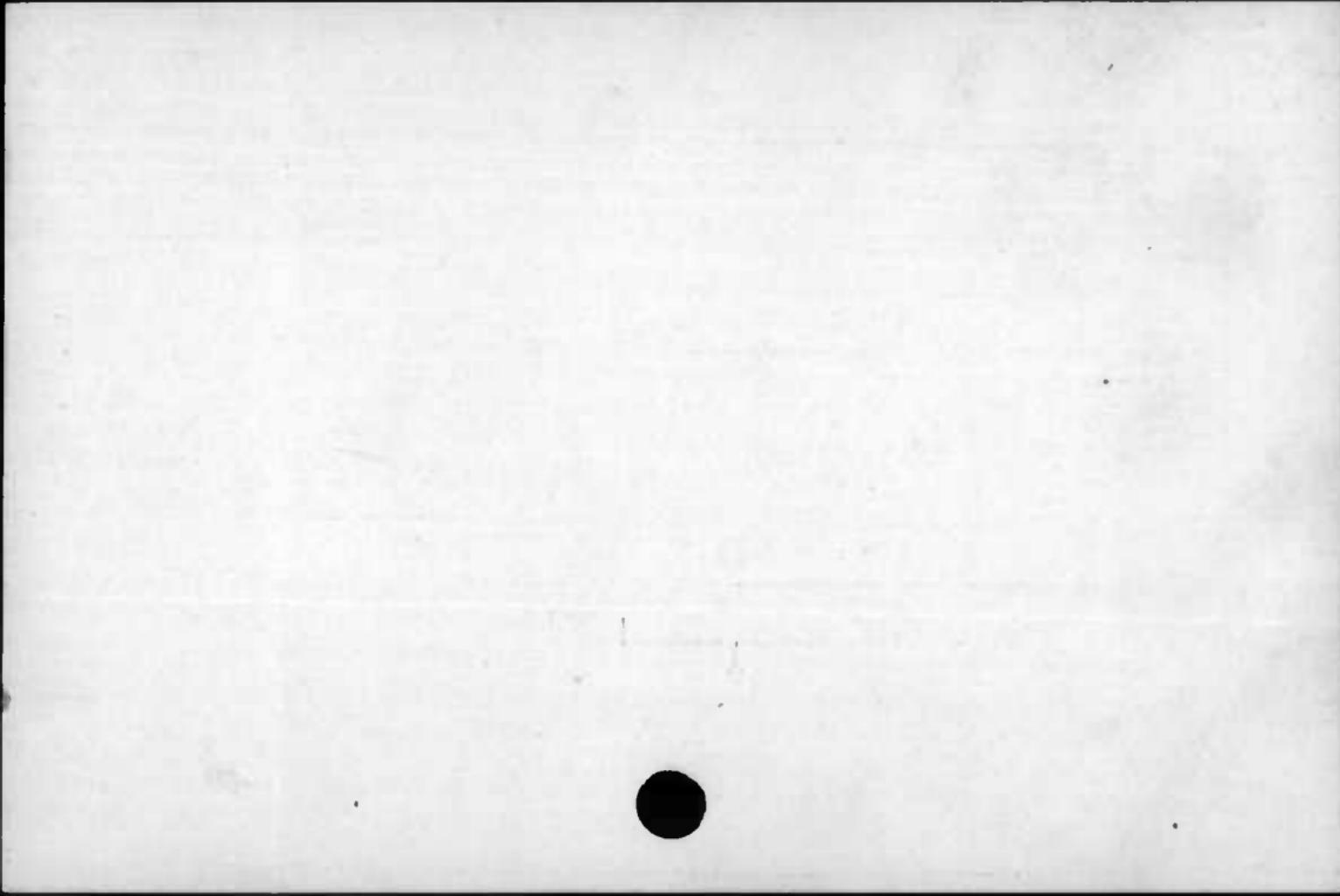
To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	1908 July 28 34 Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	S J Gullis E G Grotor				
Mother's Maiden Name	Lizzie Robinson				
Name of person giving information	E G Grotor				
CAUSES OF DEATH					
Primary	Gastritis				
Immediate	Collapse				
Are the name, age, sex, color, date and place correctly given above?	Yes				
Signature of Physician	G.W. Wilson				
Address	Pocomoke City				
How long	104 hours				
How long	See above.				

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Howard Gunby

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Stockton	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	July	6	87	0	0	
Sex	Color or Race	Male Colored			Birth-place	Maryland
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Hettie Redden			
Father's Name	Don't Know			Father's Birthplace	Don't Know	
Mother's Maiden Name	Don't Know			Mother's Birthplace	Don't Know	
Name of person giving information	Isaac Gunby			How related to deceased	Nephew	

CAUSES OF DEATH

79

How long

1 yr.

How long

10 days.

PHYSICIAN  
OR CORONER

Primary

Valvular Disease of Heart

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

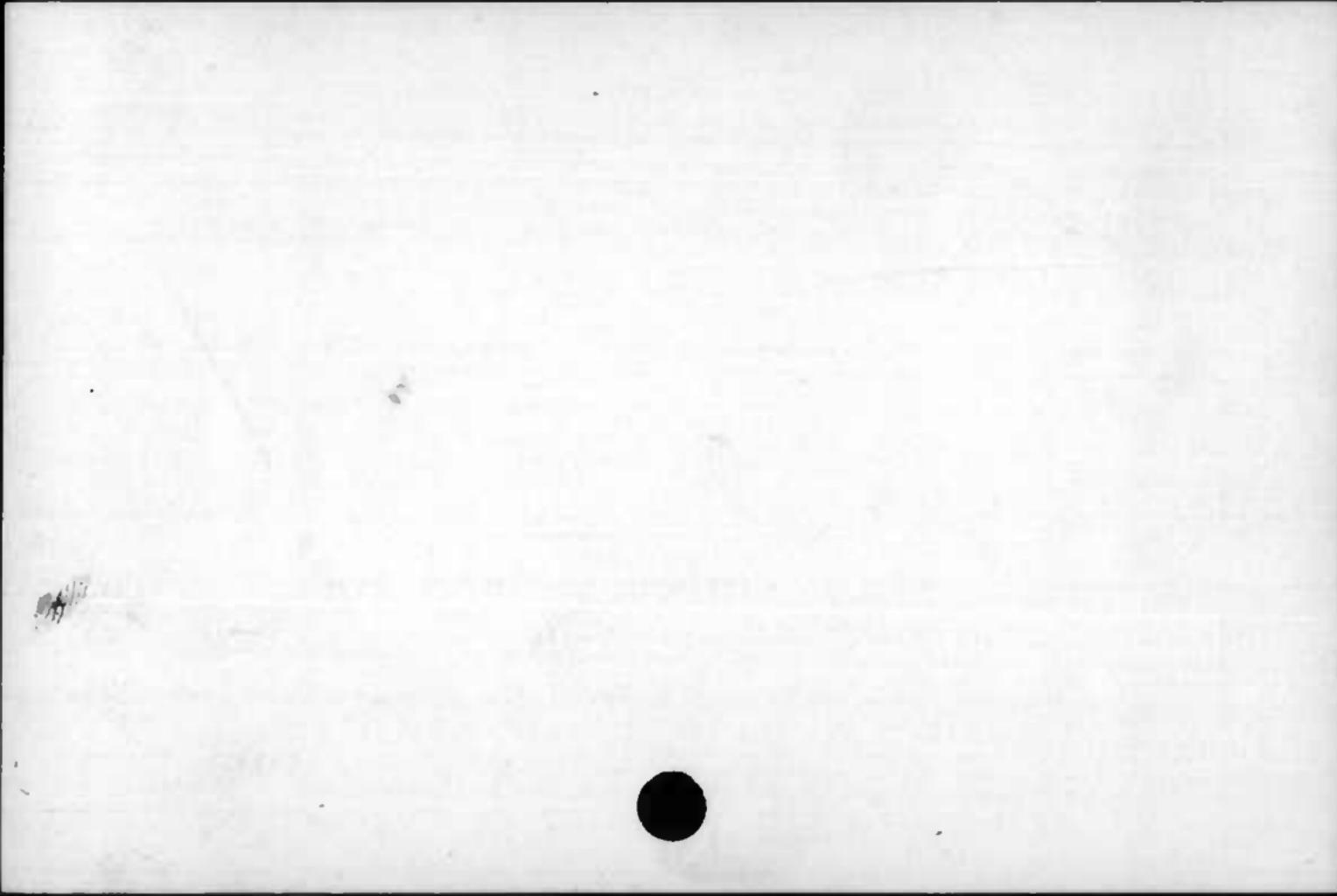
Yes

Signature of Physician

Address

Jas. D. Dickerson M.D.  
Stockton, Md.

Accident or Suicide?



Name  
in  
Full

Calantha Hale

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Snow Hill		Worcester	
Date of death	Month	Day	Years
1908	July	8	-
Age		Months	3 -
Sex	Color or Race	Birth-place	Days
Female	white	Baltimore	-
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace
-	-	Baltimore	Baltimore
Father's Name	Wm. P. Hale	How related to deceased	father
Mother's Maiden Name	Issey Hudson		
Name of person giving information	W. P. Hale		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum  
Colic

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Law Jones,  
Snow Hill,  
Md.

Address

Accident or Suicide?

to P



Name  
in  
Full

Elizabeth Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Stockbridge</u>		County <u>Worcester</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>July</u>	Day <u>19</u>	Years <u>0</u>	Months <u>4</u>	Days <u>0</u>	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Ned</u>		
Occupation <u>wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				Father's Birthplace <u>Neb</u>	
Father's Name <u>Bess J Hall</u>				Mother's Birthplace <u>Neb</u>		
Mother's Maiden Name <u>Rida Brewster</u>				How related to deceased		<u>now</u>
Name of person giving Information <u>James Reid</u>						

CAUSES OF DEATH

105

How long

6 weeks

4 days

PHYSICIAN  
OR CORONER

Primary

Indigestion

Immediate

Cholera Infantum

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

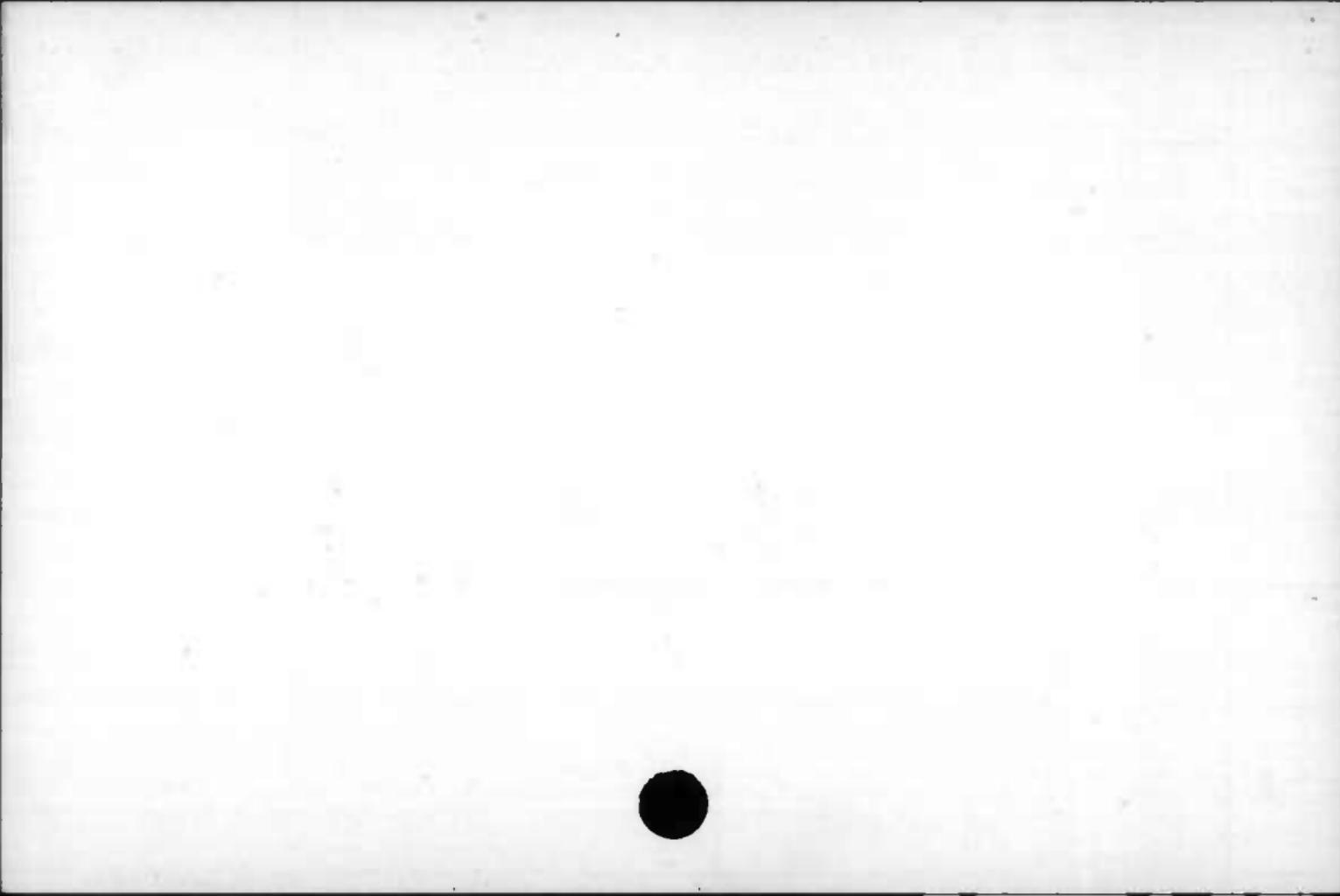
J. D. Wrenham

Address

New Stockbridge

Worcester Co.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Snow Hill	Worcester				
Date of death	1908	Month July	Day 5-	Years 2	Months 6	Days 18
Sex	M.	Color or Race	white	Birth-place	Beth	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Louis Hancock					End
Mother's Maiden Name	Kessie Stichens					In of
Name of person giving information	Louis Hancock					Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enteritis

105°

How long

3 weeks

Immediate

Convulsions

How long

two hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

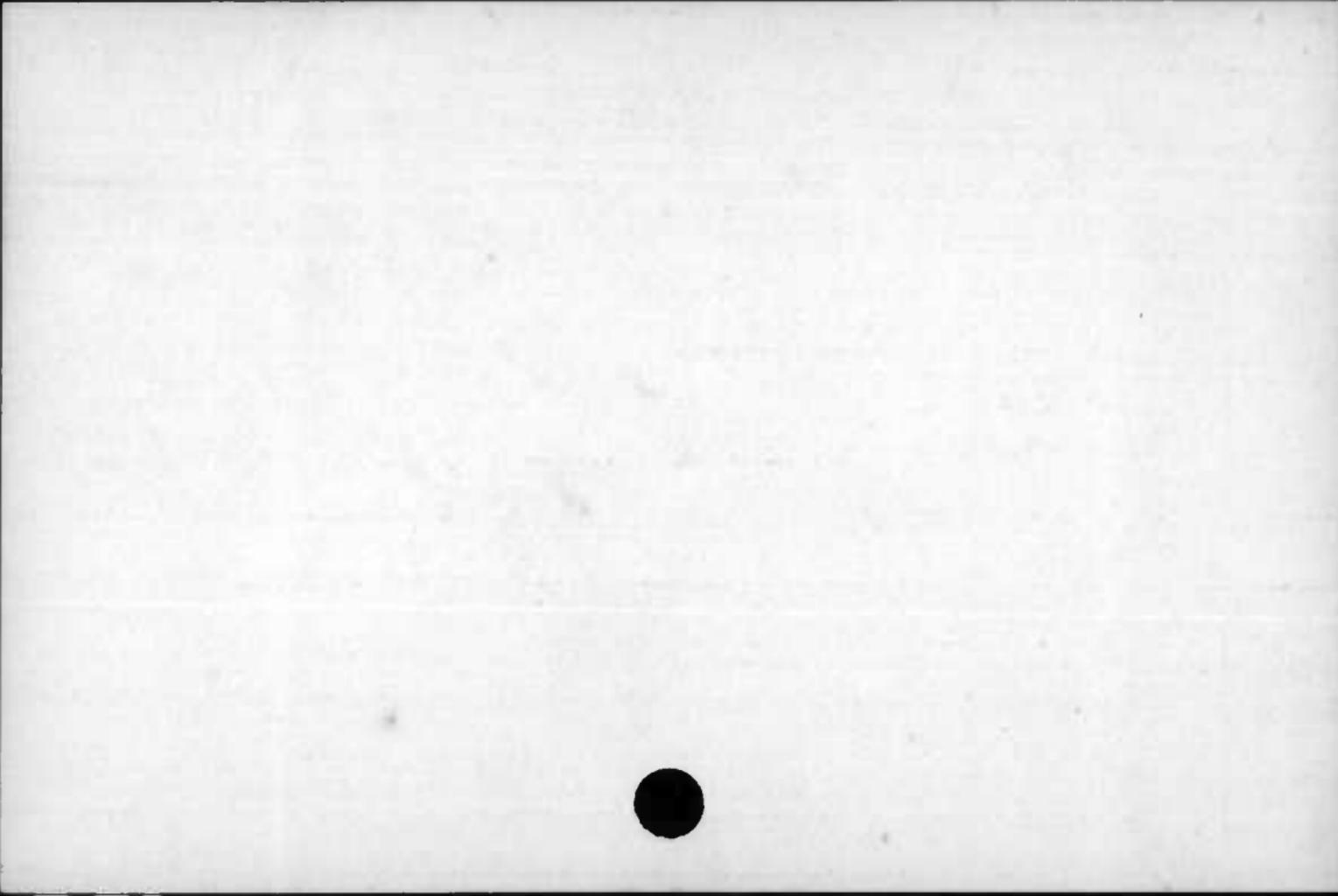
Address

Accident or Suicide?

Fanie Jones

Snow Hill

Md.

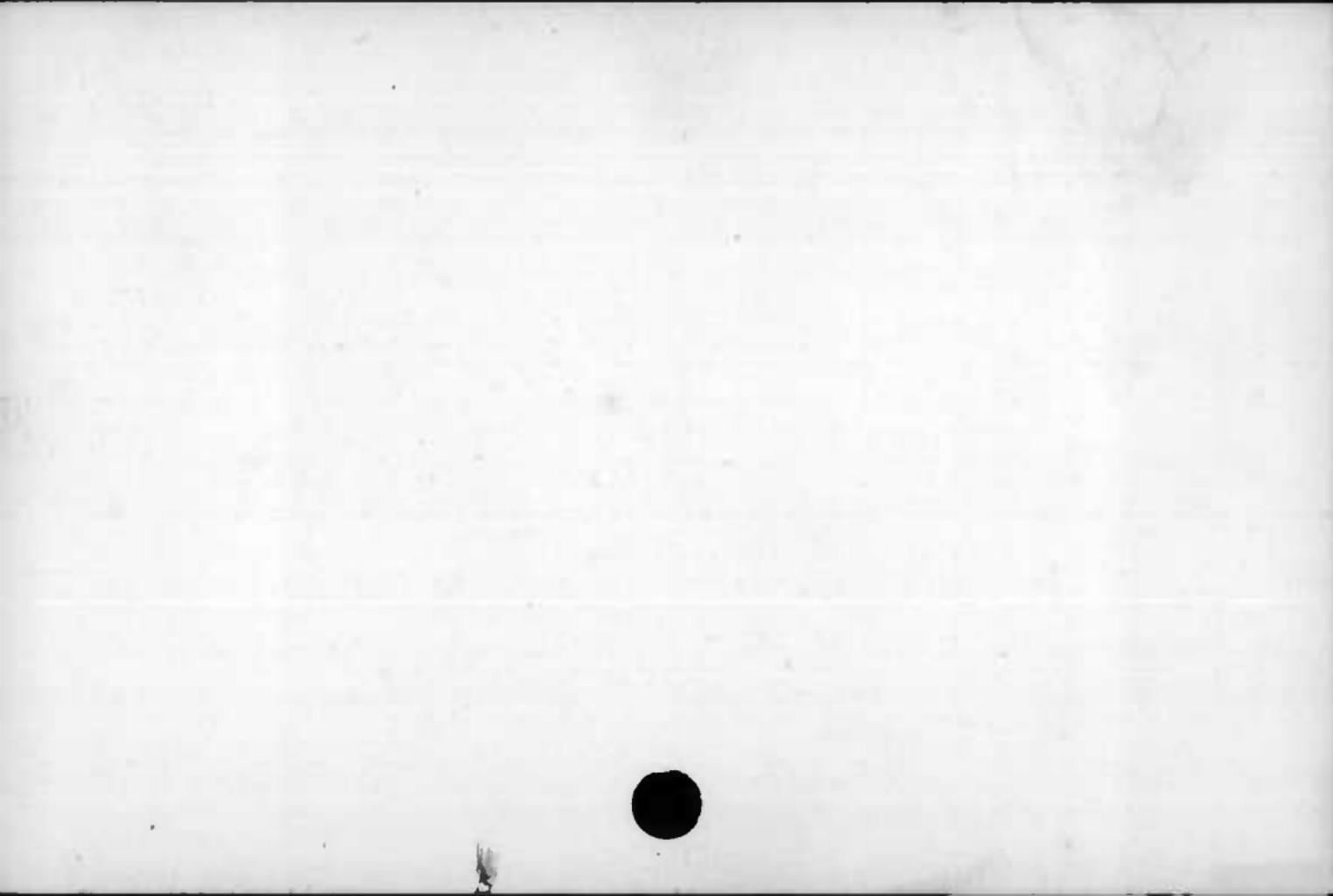


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Leroy Hastings -					CERTIFICATE OF DEATH	
Died at	Town	Superintendent Mor			County	MARYLAND
Date of death	Month	Day	Years		Months	Days
Sex	Color or Race	Male White			Birth-place	Superintendent
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Superintendent
Father's Name	Henry Hastings -			Mother's Birthplace	,, , <sup>nd</sup>	
Mother's Maiden Name	Smith			How related to deceased	Father	
Name of person giving information	Henry Hastings -			6	all of life	
CAUSES OF DEATH						
Primary	Measles			How long		
Immediate	Measles			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	No doctor		
			Address	Dr. A Massey.		
Accident or Suicide?				O.K.	H. Office	



Name  
in  
Full

Mary E. Hearu

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	33	1	29
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	J. Wm. Hearu		
Father's Name	Lodie Littleton				
Mother's Maiden Name	Annie Bradford				
Name of person giving information	J. Wm. Hearu				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

Unknown

Immediate

How long

Unknown

Are the name, age, sex, color, date and place correctly given above?

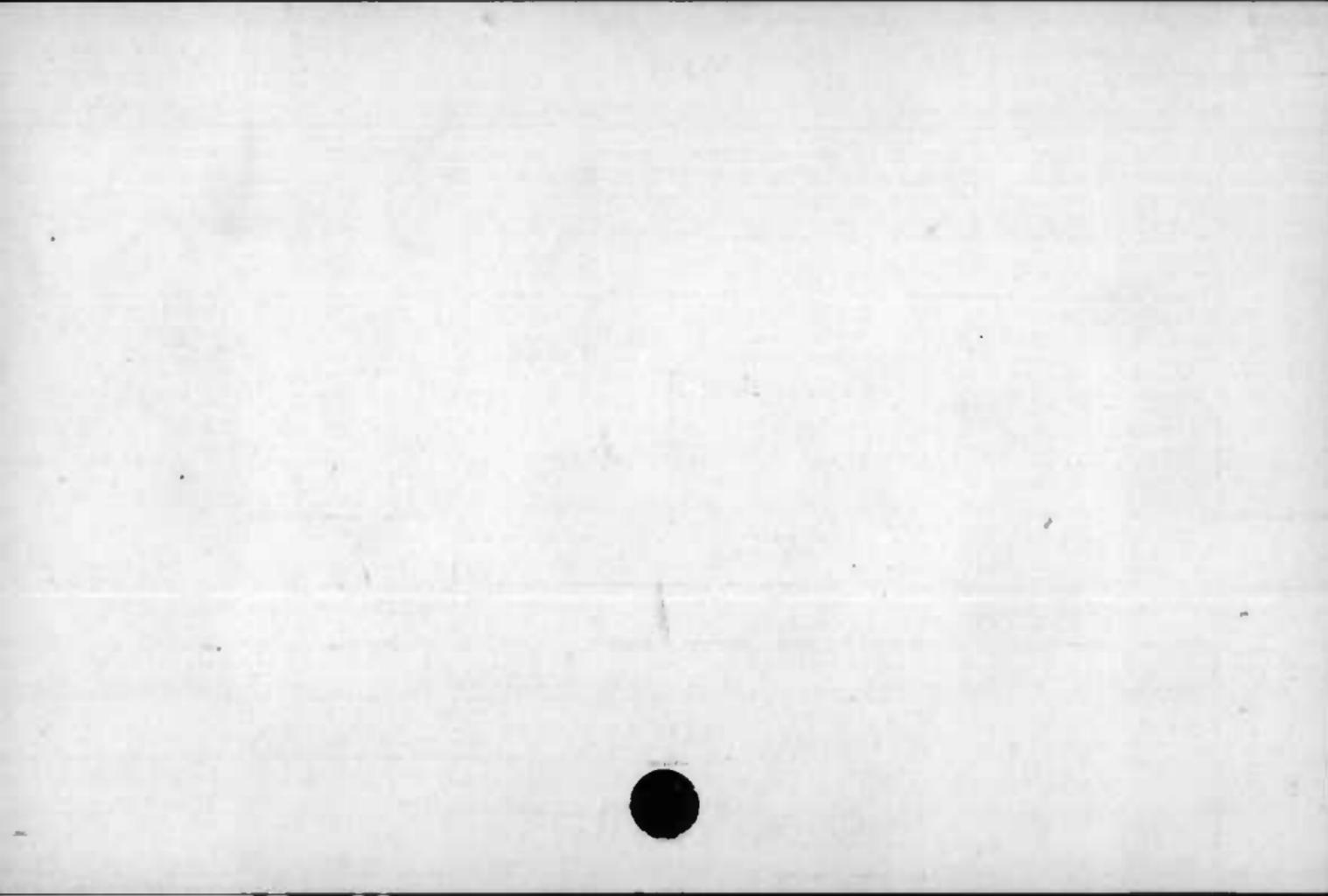
yes

Signature of Physician

Address

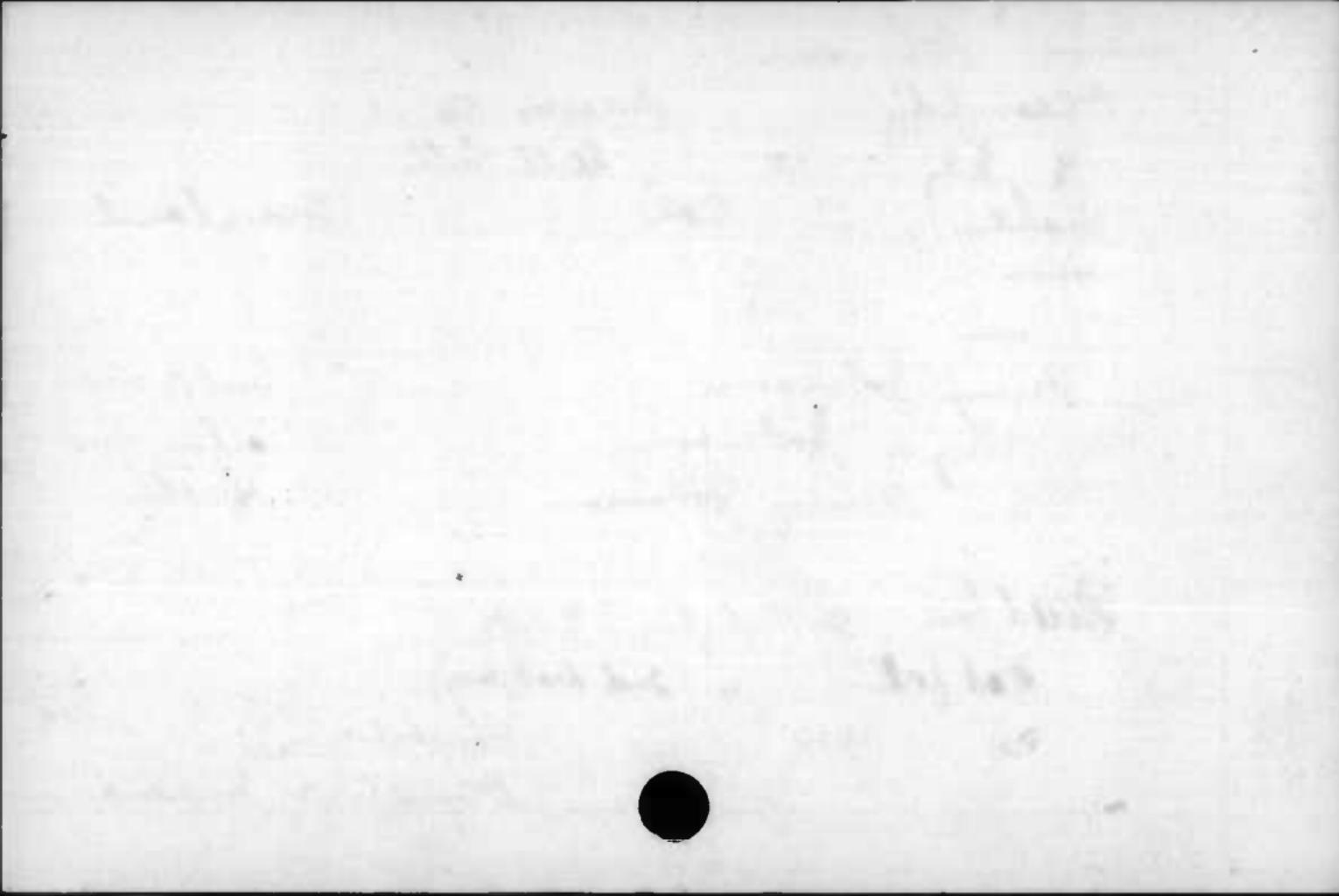
John L. Riley,  
Snow Hill  
Md.

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

				CERTIFICATE OF DEATH			
Died at <u>Ocean City</u> — Date of death <u>1908</u> Month <u>July</u> Day <u>15</u> Sex <u>male</u> Color or Race <u>Col</u> Occupation <u>—</u>				County <u>Worcester Co</u> — Age <u>Still Birth</u> Years <u>—</u> Birth-place <u>Maryland</u> Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u> Father's Name <u>Henry Johnson</u> Mother's Maiden Name <u>Elijah Johnson</u> Name of person giving Information <u>Henry Johnson</u>				Father's Birthplace <u>Baltimore</u> Mother's Birthplace <u>Easton Md</u> — How related to deceased <u>Father</u>  <u>S</u> How long <u>—</u>			
CAUSES OF DEATH							
Primary	<u>dead bmn - (syphilitic) 8 mos -</u>			<u>—</u>			
Immediate	<u>dead from</u> <u>(2nd dead bmn)</u>			<u>—</u>			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>Kluebscher</u> Address <u>Ocean City, Maryland</u>			
Accident or Suicide?							



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

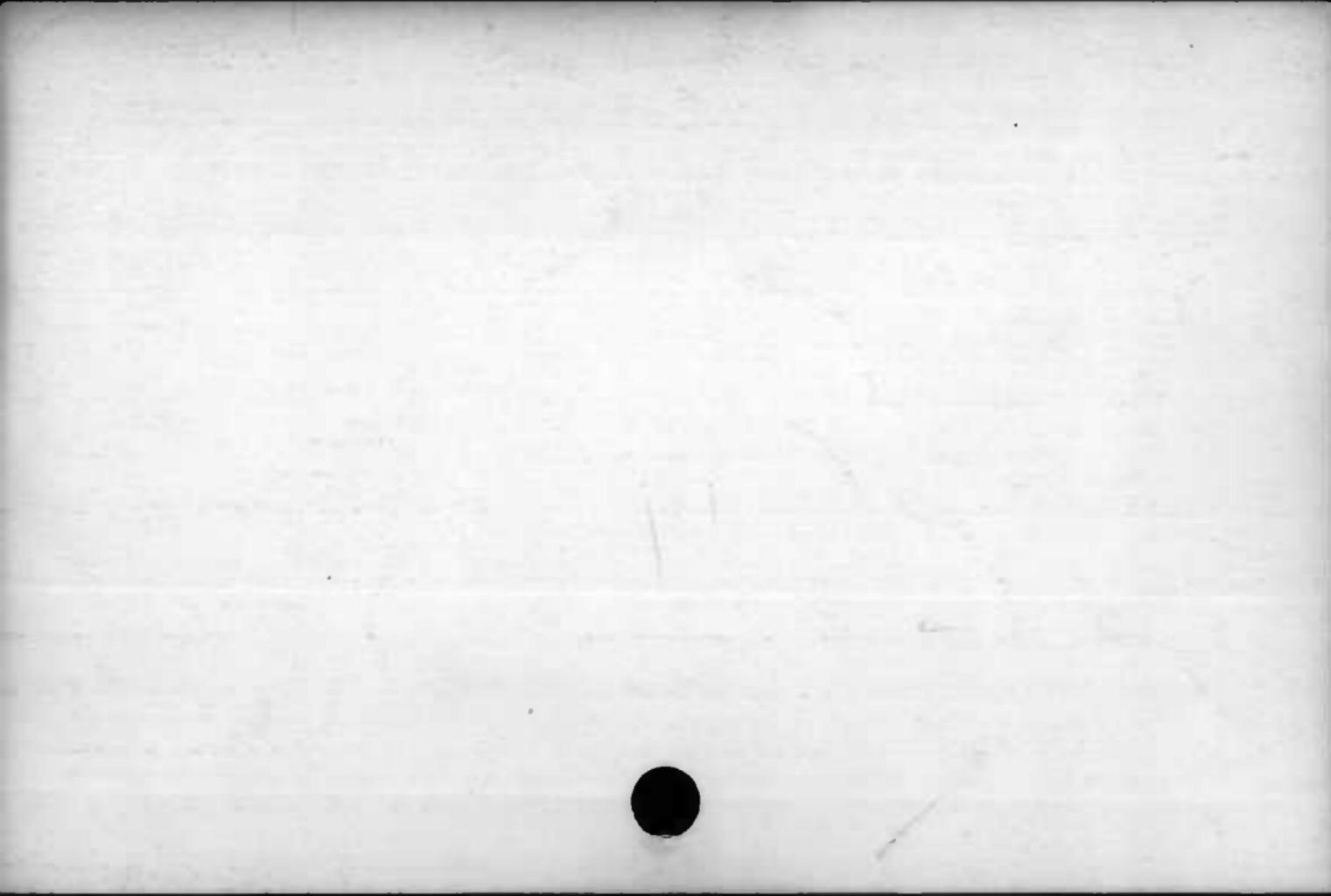
Martha Estlin

CERTIFICATE OF DEATH

Died at <u>Hospital</u> Town		County <u>Sussex</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>7</u>	Day <u>13</u>	Age <u>88</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Mo</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband				
Father's Name <u>Charles W. Walker</u>	Father's Birthplace <u>Mo</u>				
Mother's Maiden Name <u>Mary Giles</u>	Mother's Birthplace <u>Mo</u>				
Name of person giving information	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary <u>General Paralysis</u>	How long <u>Several years</u>
Immediate <u>Dysentery</u>	How long <u>Weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. F. D'Assauay</u>
	Address <u>Sharpstown</u>
Accident or Suicide?	<u>No</u>



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Mary Massey

Town

County

Died at

Bourshire Worcester

MARYLAND

Month

Day

Years

Date  
of death

1908 July 25

Age 34

Month

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

W.C. Md.

Occupation

Former wife

Where residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Joseph  
Mary Massey

Father's  
Name

Don't know

Father's  
Birthplace

Worcester

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

Worcester

Name of person giving  
Information

Joseph Massey

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Tuberculosis of Lungs

27

How long

One year

Immediate

Tubercular Meningitis

How long

One week

Are the name, age, sex, color, date  
and place correctly given above?

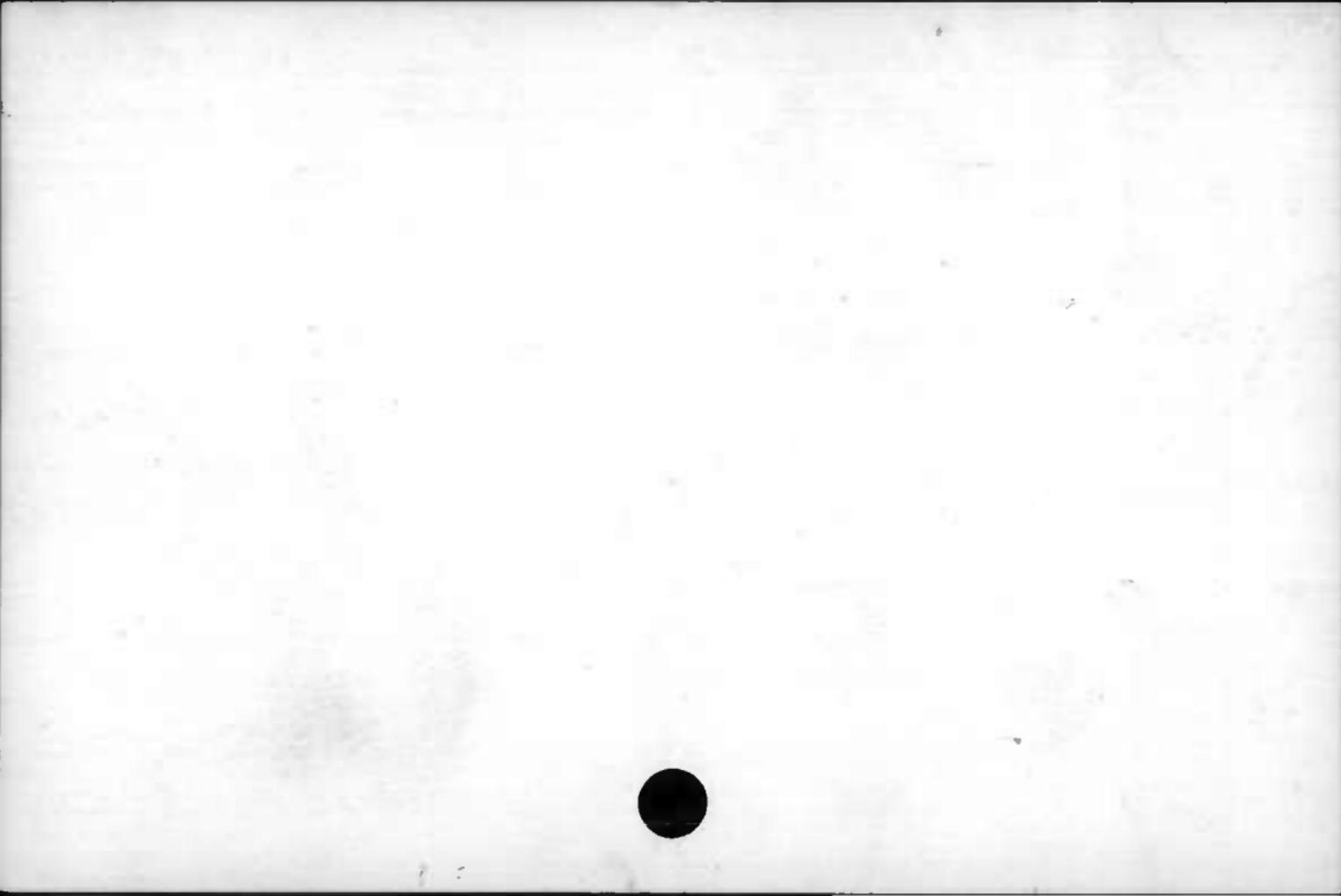
Yes

Signature of  
Physician

Address

Admiralman  
Berlin Md

Accident or Suicide



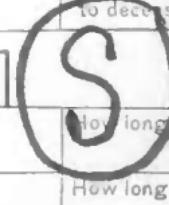
Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	Merrill		County	Winchester	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	<del>single</del>		Name of Wife or Husband	-		
Father's Name	Julie Merrill		Father's Birthplace	Va.		
Mother's Maiden Name	Davina Taylor		Mother's Birthplace	Va.		
Name of person giving information	John Merrill		How related to deceased	father		

## CAUSES OF DEATH



Primary

Still Born

Immediate

Are the name, age, sex, color, date and place correctly given above?

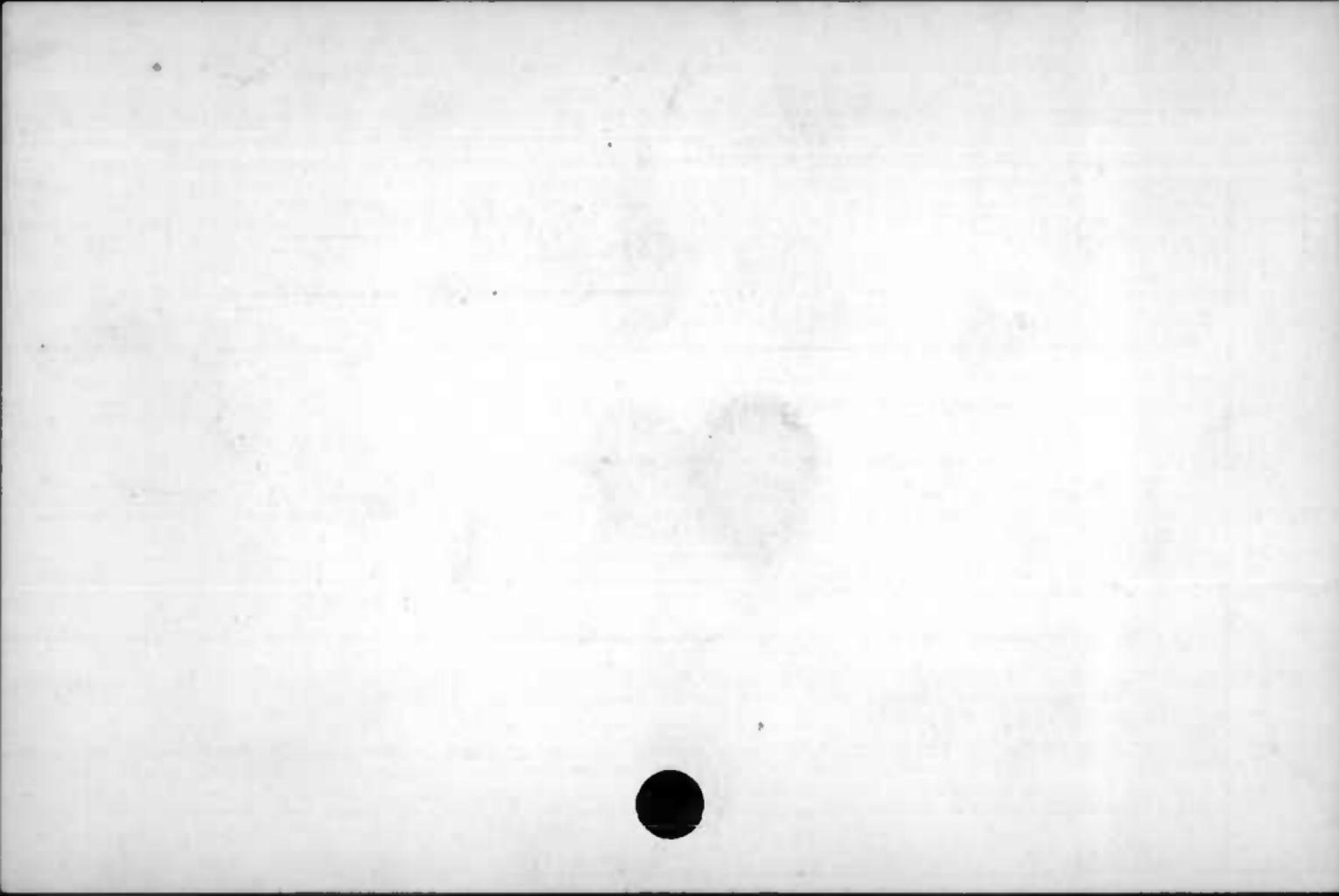
Yes

Signature of Physician

Address

John D Dickerson  
Stockley  
Winchester Va

Accident or Suicide?



Name  
In  
Full

Ellen G Murray

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Bishop B 4 D 42		Town Worcester County		MARYLAND	
Date of death 1908	Month July	Day 1st	Years 64	Months	Days
Sex Female	Color or Race White	Birth-place Maryland			
Occupation House Work	Where Residing if not at place of death at home				
Married, Single or Widowed widow	Name of Wife or Husband Ebe W Murray				
Father's Name John Davidson	Father's Birthplace Maryland				
Mother's Maiden Name Lottie Anderson	Mother's Birthplace Du.				
Name of person giving information Willie Murray	How related to deceased Daughter				
CAUSES OF DEATH					
154					
How long					
How long					

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

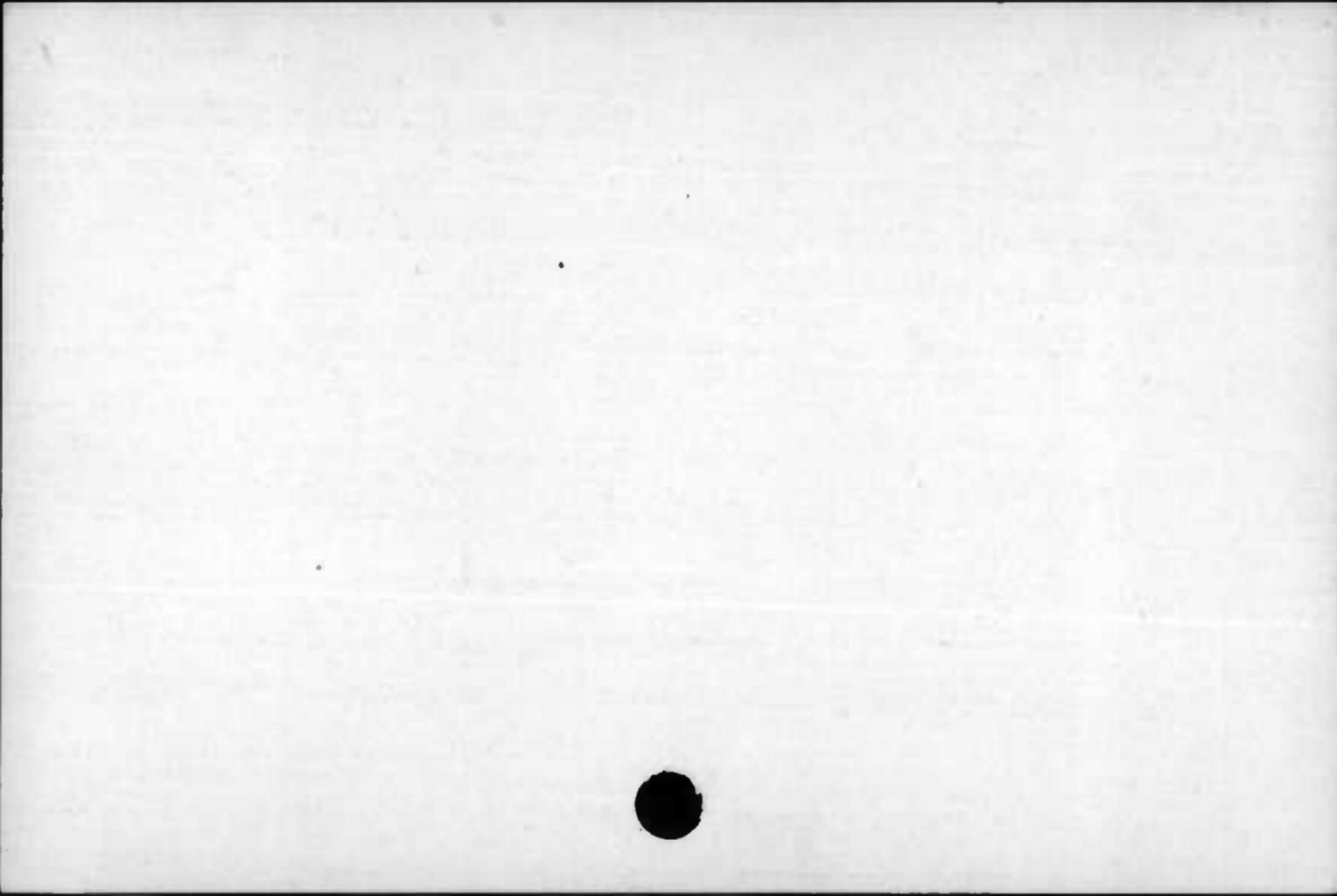
Jin

Accident or Suicide?

Signature of Physician

Address

Dr. Collyer  
Bishopville  
Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Sibby Cuter

CERTIFICATE OF DEATH

Died at <b>Marion</b>		Town <b>Baltimore</b>	County <b>Baltimore</b>		MARYLAND		
Date of death <b>1908</b>	Month <b>July</b>	Day <b>14<sup>th</sup></b>	Age <b>30</b>	Years <b>30</b>	Months	Days	
Sex <b>Female</b>	Color or Race <b>white</b>			Birth-place <b>Md.</b>			
Occupation <b>Housewife</b>	Where Residing if not at place of death						
Married, Single or Widowed <b>married</b>	Name of Husband <b>Wm R. Cuter</b>						
Father's Name <b>Unknown</b>			Father's Birthplace				
Mother's Maiden Name <b>Unknown</b>			Mother's Birthplace				
Name of person giving Information <b>Wm R. Cuter</b>			How related to deceased				

CAUSES OF DEATH

27

Husband

How long

2 days

PHYSICIAN  
OR CORONER

Primary

*Stiffness* Florida

sun stroke

Immediate

*Sudden collapse*

How long

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

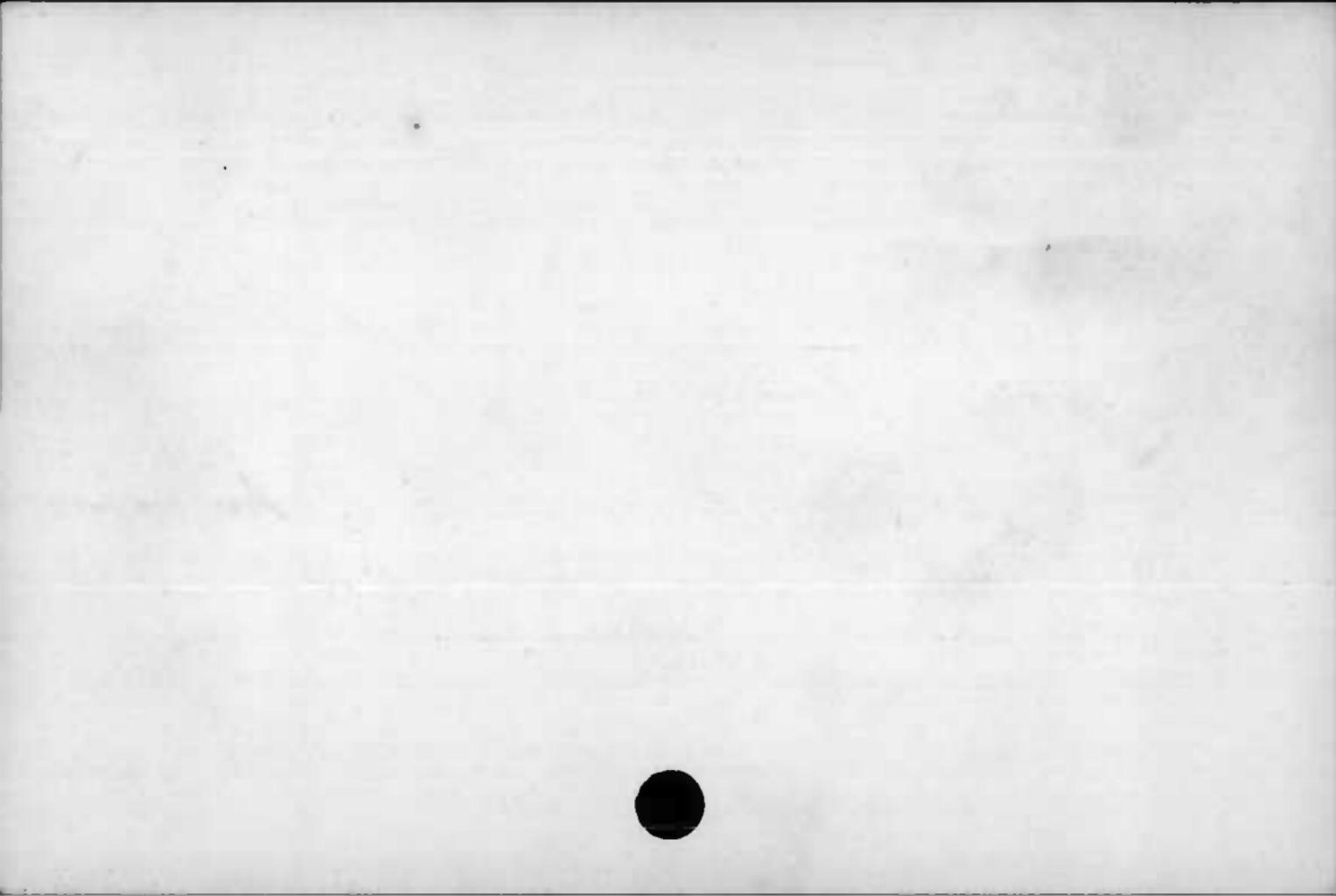
J. M. Gibbons

Address

Baltimore City

Accident or Suicide?

V



Name  
in  
Full

Freely Parcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sax	Color or Race	Age		60	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Dent Mon			
Father's Name	John Lafferty		Father's Birthplace		Maryland
Mother's Maiden Name	Dent Mon		Mother's Birthplace		
Name of person giving Information	Andrew Richardson		How related to deceased		Anenlaw

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Peritonitis

66

How long

Immediata

How long

Are the name, age, sex, color, date and place correctly given above?

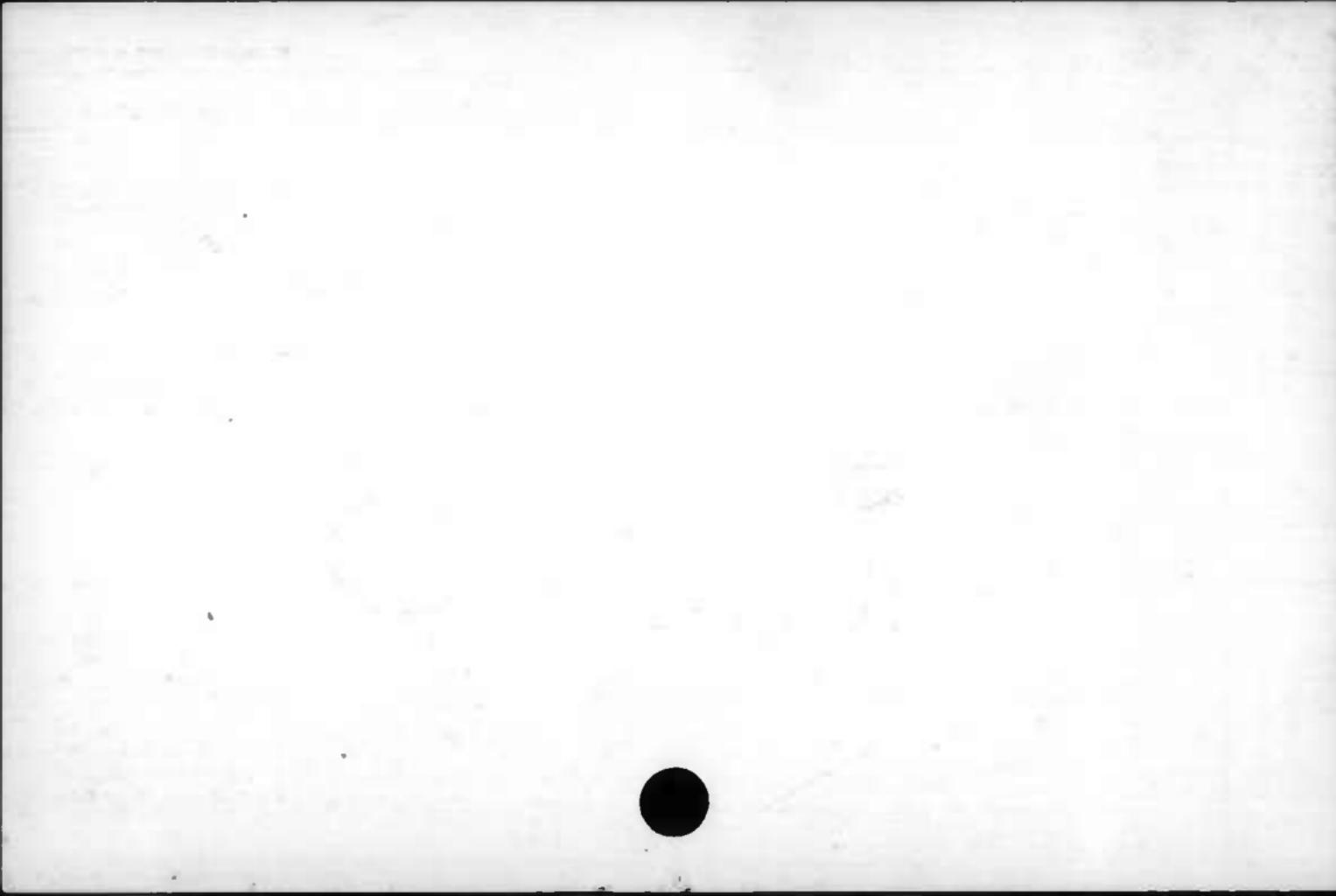
Signature of Physician

Address

Accident or Suicide

yes

Ira B. Tindall  
Berlin



Name  
in  
Full

Rosa F Pilchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Crop Roads		Town Worcester		County Worcester		MARYLAND	
Date of death 1908	Month July	Day 13	Age 86	Years 86	Months 4	Days	
Sex Female	Color or Race White	Birth-place Worcester Co. Md					
Occupation House wife		Where Residing if not at place of death at place of death					
Maided, Separated, or Widowed	Name of Wife or Husband Denwood Pilchard						
Father's Name William Beasey	Father's Birthplace near Stockton Md						
Mother's Maiden Name Nancy Mason	Mother's Birthplace Worcester Co. Md						
Name of person giving information Mitchel Pilchard	How related to deceased Son						

CAUSES OF DEATH

74

Primary Infirmities of age How long two weeks

Immediate Hernia of Brain How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

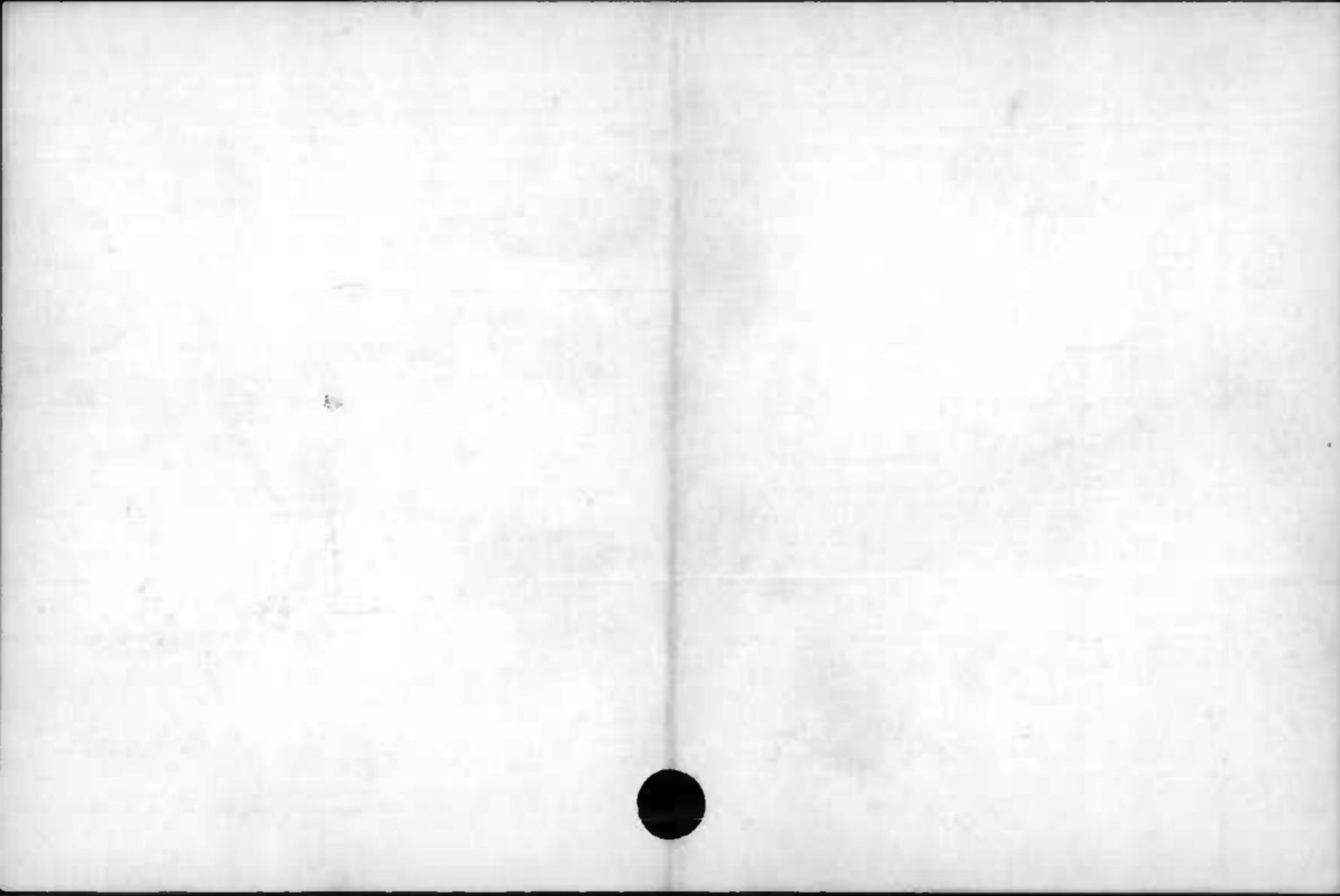
Signature of Physician

Address

97 Costen

Baltimore City Md

Accident or Suicide?



Name  
in  
Full

Chas Robbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Berlin	Month	Year	Months	Days
Date of death	1908 July	31	Age 18	—	—
Sex	male	Color or Race	Black	Birth-place	Berlin
Occupation	Fisher			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	Katie Robbins		
Father's Name	I don't know			Father's Birthplace	—
Mother's Maiden Name	Katie Robbins			Mother's Birthplace	Berlin.
Name of person giving Information	Mother			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever



How long

2 weeks

Immediate

Cystitis glomerata

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

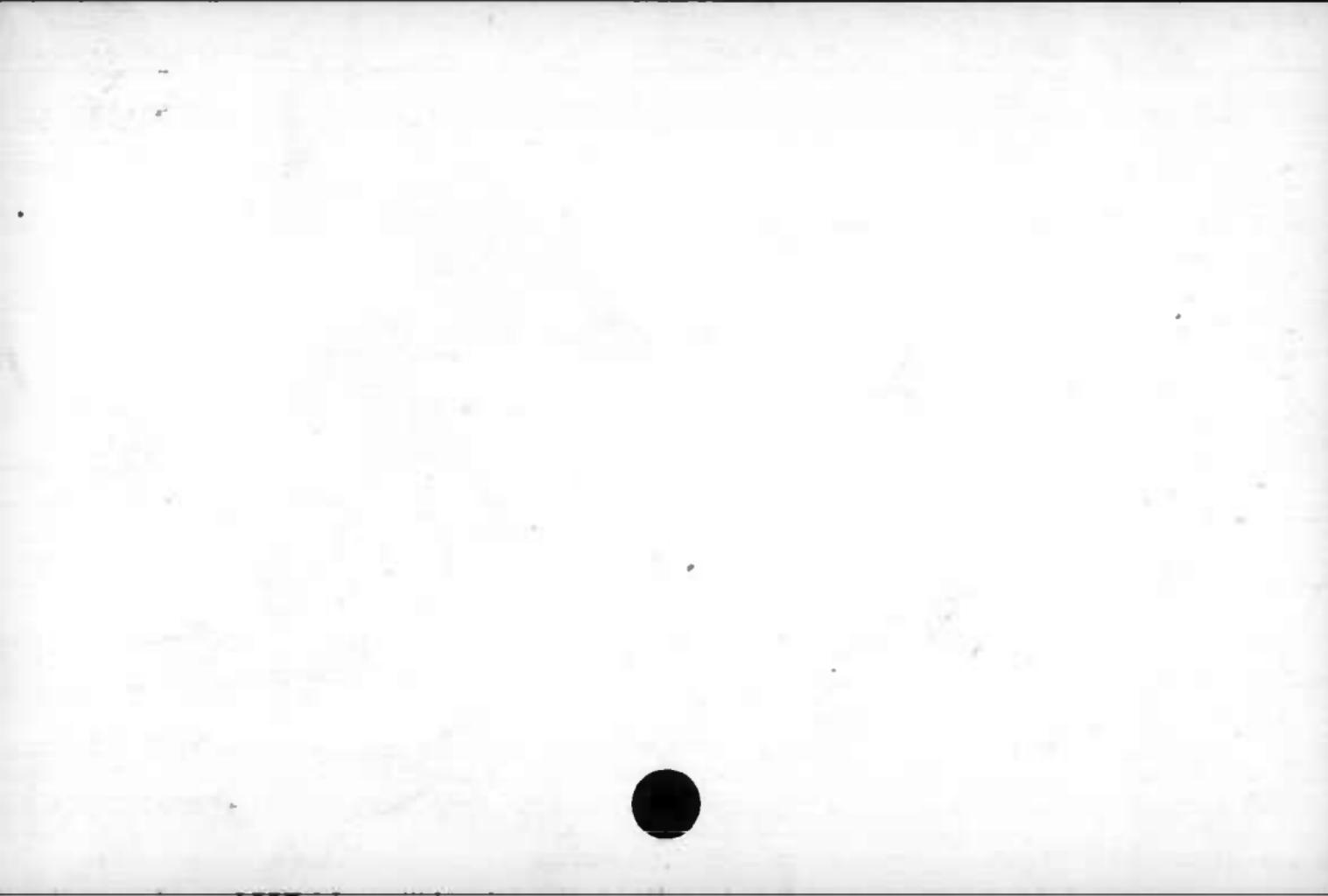
Signature of Physician

Address

yes

Dr. A. T. Johnson  
Berlin

Accident or Suicide



Name  
in  
Full

Elisha Robbins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND	
Berlin			Wor			
Date of death	Month	Day	Age	Years	Months	Days
1908	7	7		3		9
Sex	Male		Color or Race	col'd		Birth-place
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband	None		
Father's Name	Geo. Hudson		Father's Birthplace	nd		
Mother's Maiden Name	Saddie Robbins		Mother's Birthplace	nd		
Name of person giving information	Mo. Hassett		How related to deceased	None		

## CAUSES OF DEATH

106

How long

3 weeks

How long

Primary

Summer Complaint

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

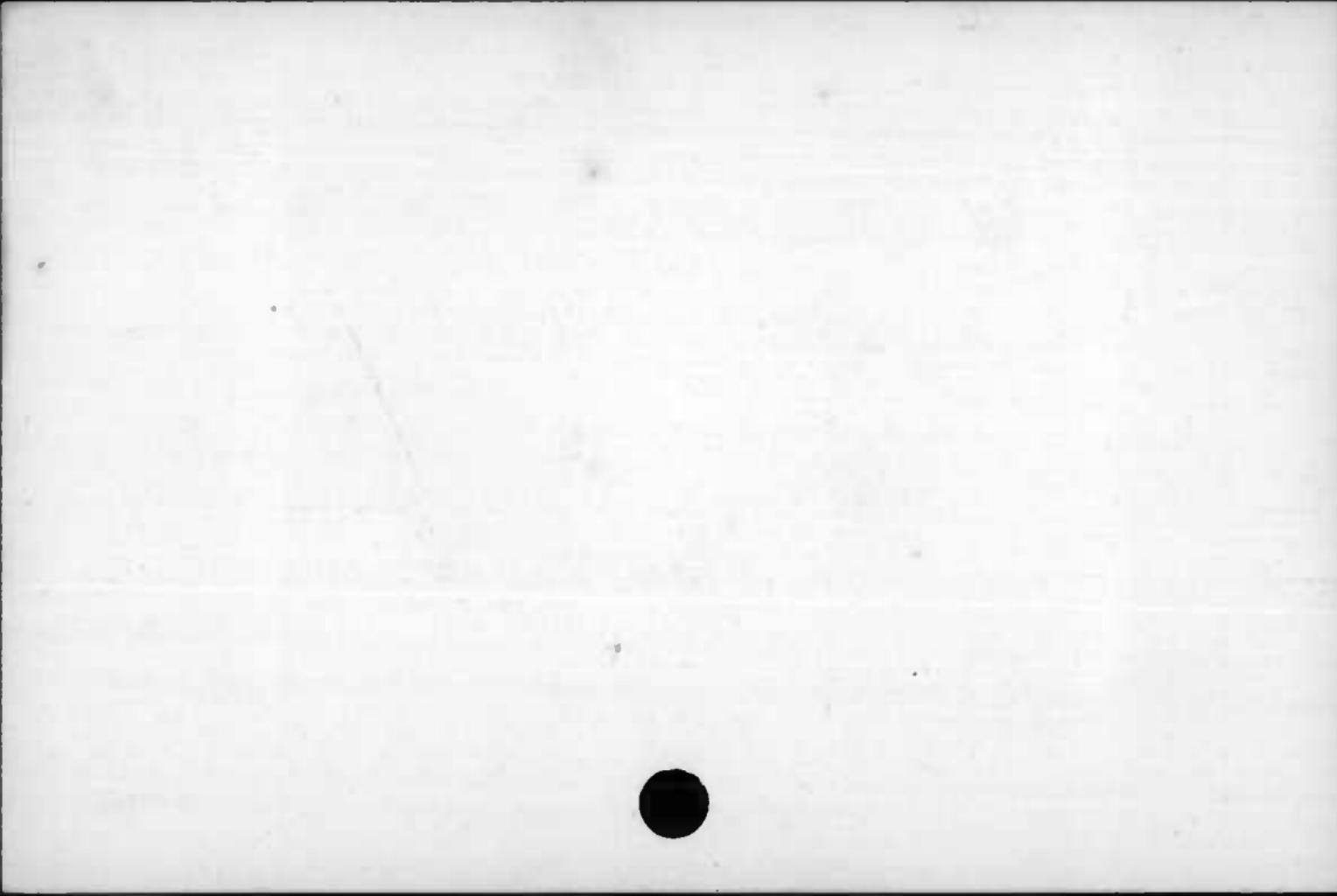
No doctor

Address

Mo. Hassett

Berlin Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Roberts		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	7	27	Age	—	—	21
Sex	Female	Color or Race	Black	Birth-place		Md
Occupation		Where Residing & not at place of death				Md
Married Single or Widowed		Name of Wife or Husband		Father's Birthplace		Md
Father's Name	John Roberts	Mother's Maiden Name	Elizabeth Brattin	Mother's Birthplace		Md
Mother's Maiden Name	Elizabeth Brattin	Name of person giving information	Wallace Wharton	How related to deceased		Moor

## CAUSES OF DEATH

14

How long

How long

PHYSICIAN  
OR CORONER

Primary

Dysentery

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

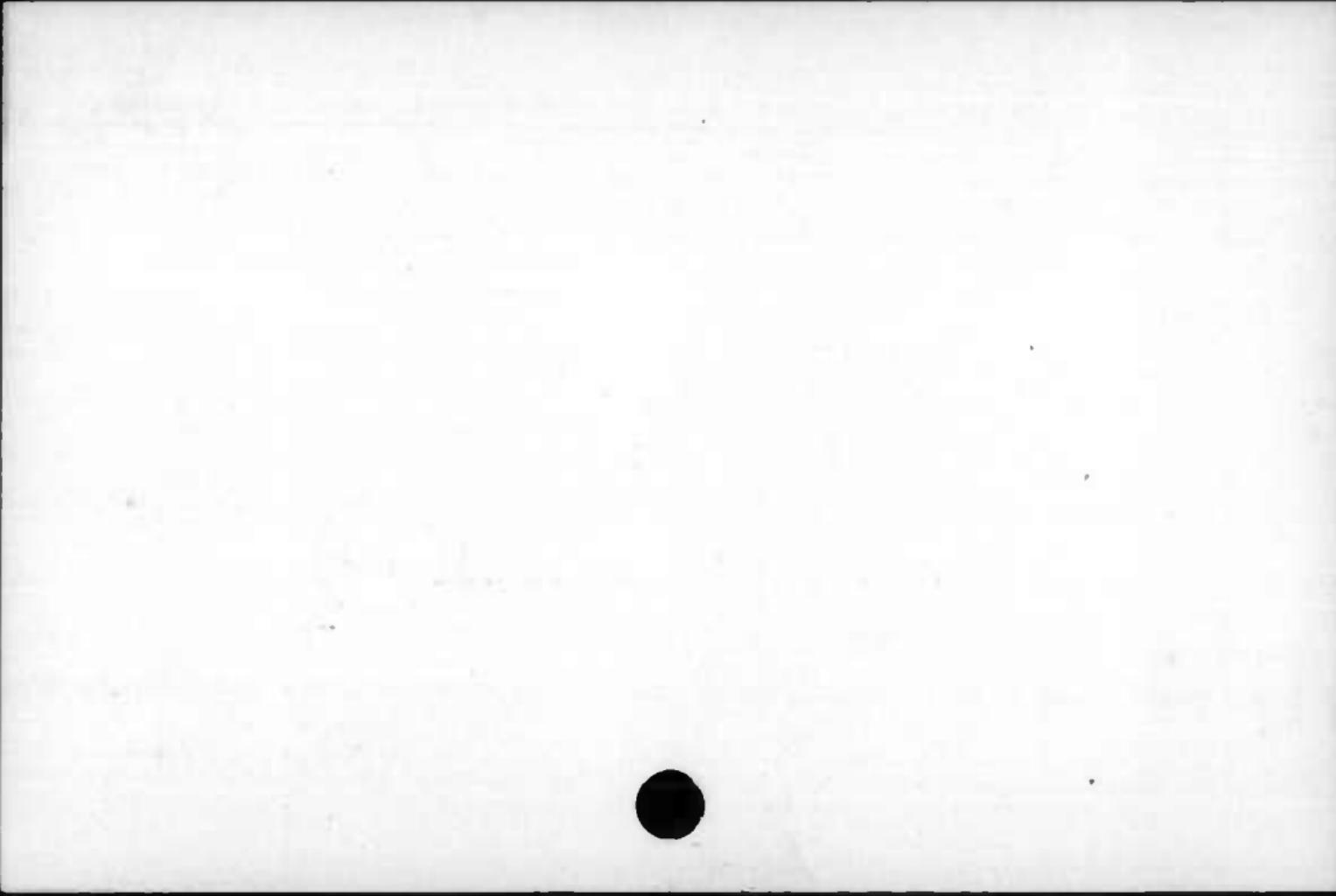
Address

Accident or Suicide?

2 / day

6 Day

Wm O'Fayne Jr



Name  
in  
Full

Walice Howell

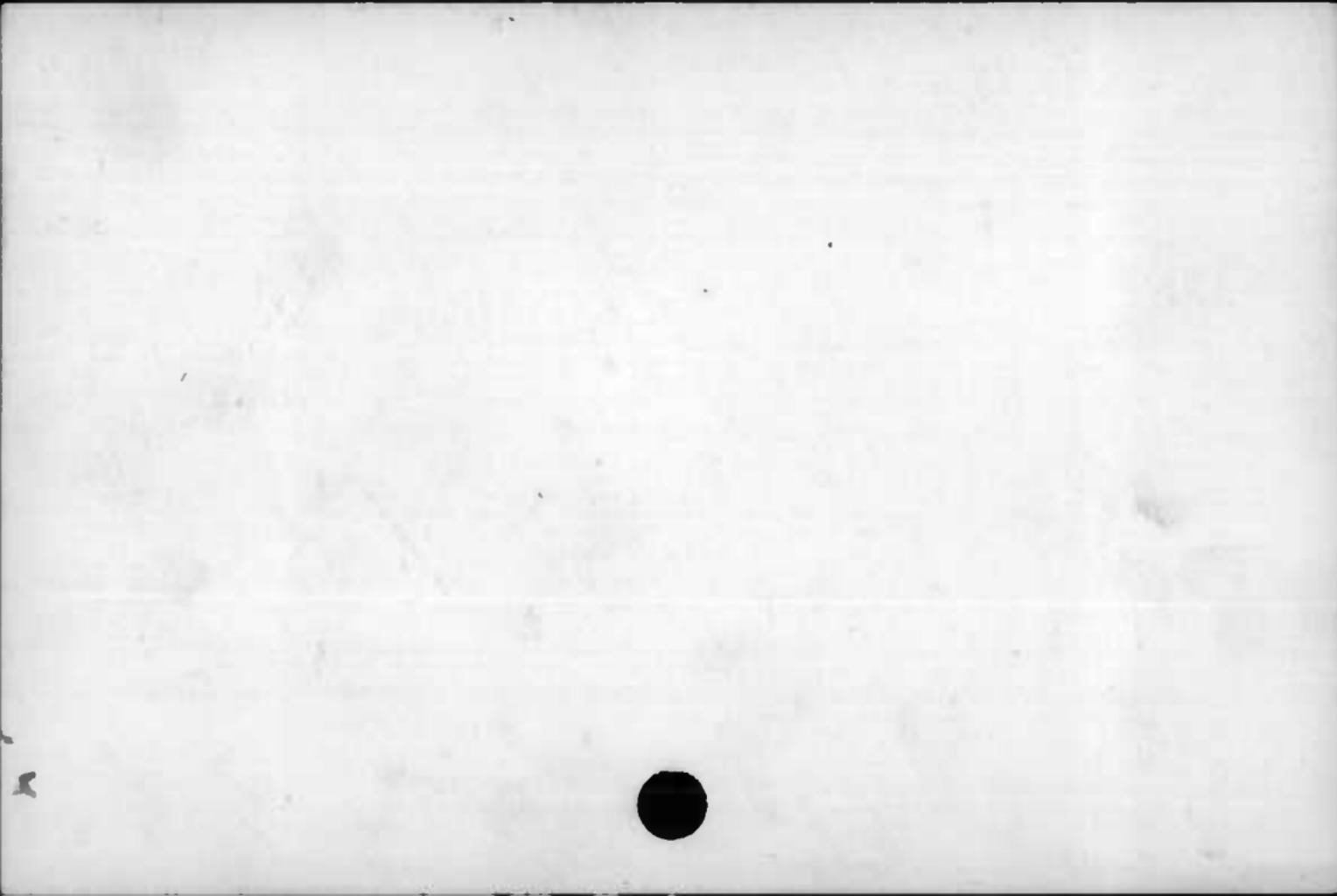
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Lajee Howell	
Father's Name	Mr Howell		Berlin
Mother's Maiden Name	Sippie Howell		Berlin
Name of person giving information	Wm Howell		Father
CAUSES OF DEATH			
Primary	Acute Indigestion		
Immediate	Massacre		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	104
		Address	How long
		Signature	

Accident or Suicide?



Name  
in  
Full

Viola Steigess

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Dear Berlin      Mon

1908      7      18      —      3      —

Girl      Black      Md

—      —

Married, Single or Widowed

Robert Steigess      Md

Eloise Tingle      Md

Robt Steigess      Husband

CAUSES OF DEATH

151

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Sick since born

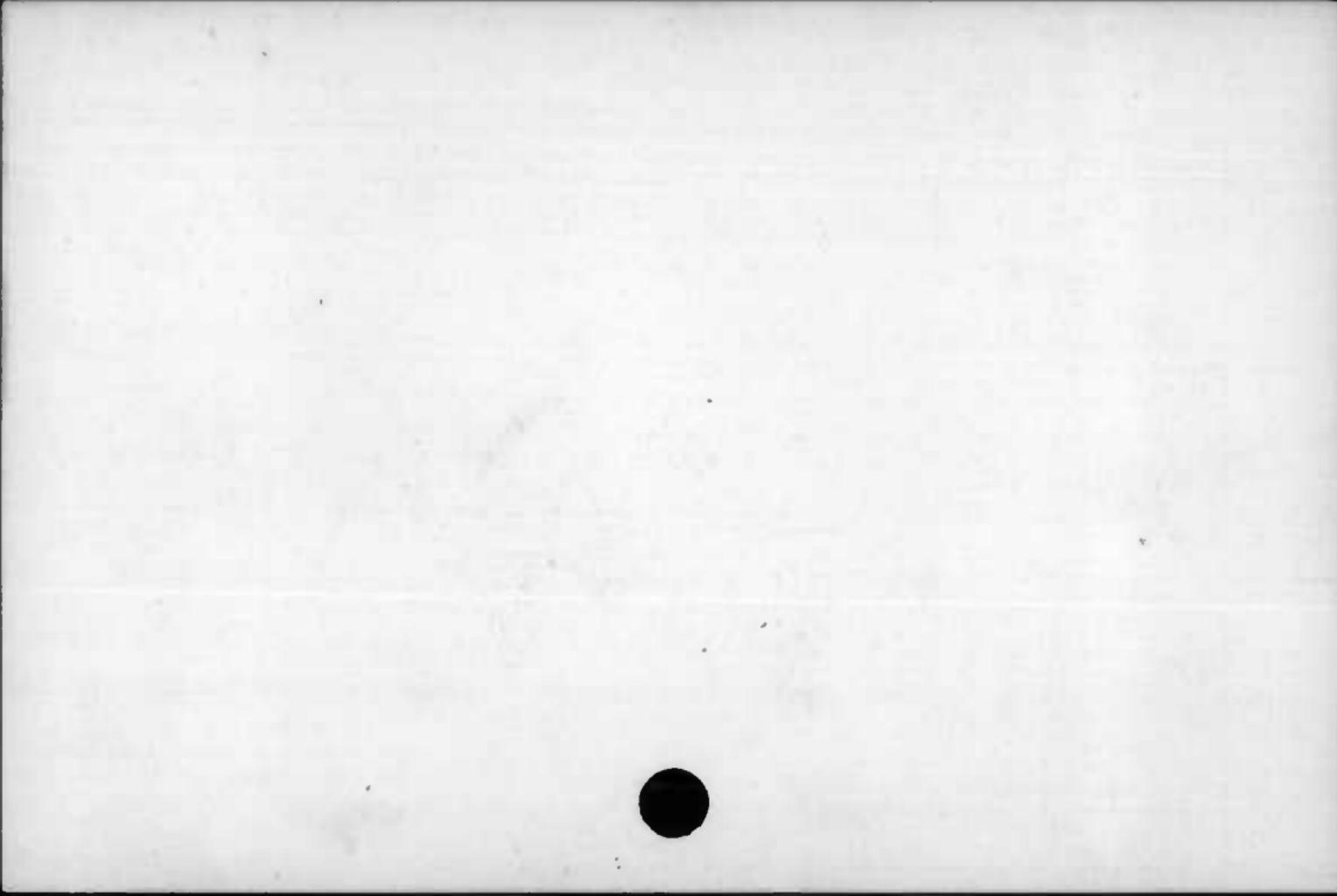
Yes

No Doctor

Dr. A. Massay

# Office D.E.

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

My Mary E. Taylor					CERTIFICATE OF DEATH		
Died at Berlin		Town	County		MARYLAND		
Date of death	1908	Month July	Day 1	Years 74	Months	Days	
Sex	Female	Color or Race	white		Birth-place	Maryland	
Occupation	none		Where Residing if not at place of death		—		
Married, Single or Widowed	Widowed	Name of Wife or Husband	R. L. Taylor		Alice		
Father's Name	Henry Jarvis				Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Purnell				Mother's Birthplace	Maryland	
Name of person giving information	Deborah Taylor				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Valvular disease of the heart-

79

How long

several years

Immediate

Valvular disease of the heart - a few days

How long

Are the name, age, sex, color, date and place correctly given above?

Hrs

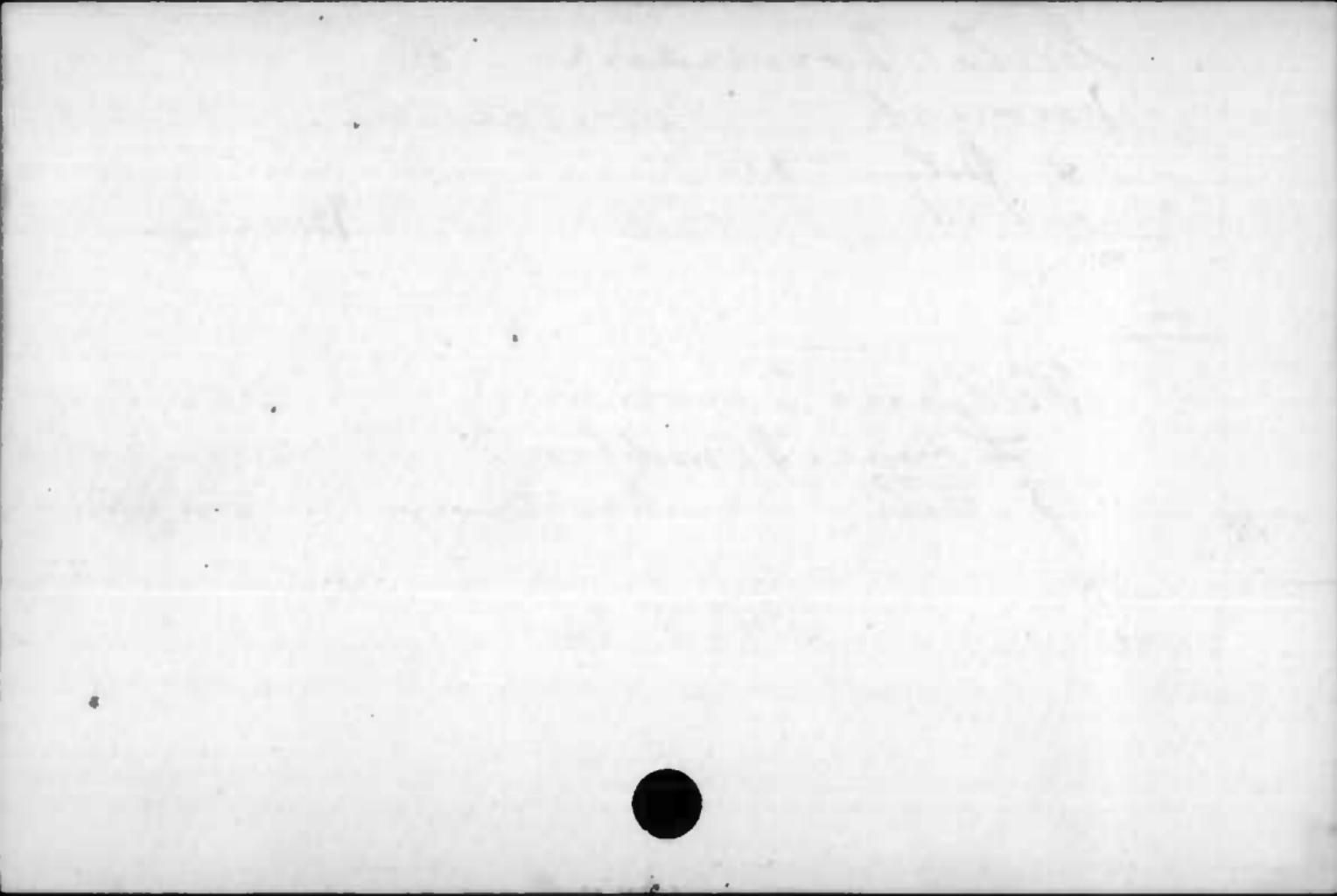
Signature of Physician

Jno. S. Pitts

Address

Berlin, Maryland,

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 190	Month July	Day 1st	Years 19	Months 6	Days
Sex Male	Color or Race Colored	Birth-place Pocomoke			
Occupation Laborer	Where Residing if not at place of death near Pocomoke				
Married, Single or Widowed Single	Name of Wife or Husband —	Father's Birthplace Pocomoke			
Father's Name Seven Eagle	Mother's Birthplace Pocomoke				
Mother's Maiden Name Seven Eagle	Pocomaque				
Name of person giving information Seven Eagle	How related to deceased Father				

## CAUSES OF DEATH

1

How long

26 days.

How long

Prolonged.

PHYSICIAN  
OR CORONER

Primary

Dog biting

Immediate

Deadliest weakness

Are the name, age, sex, color, date and place correctly given above?

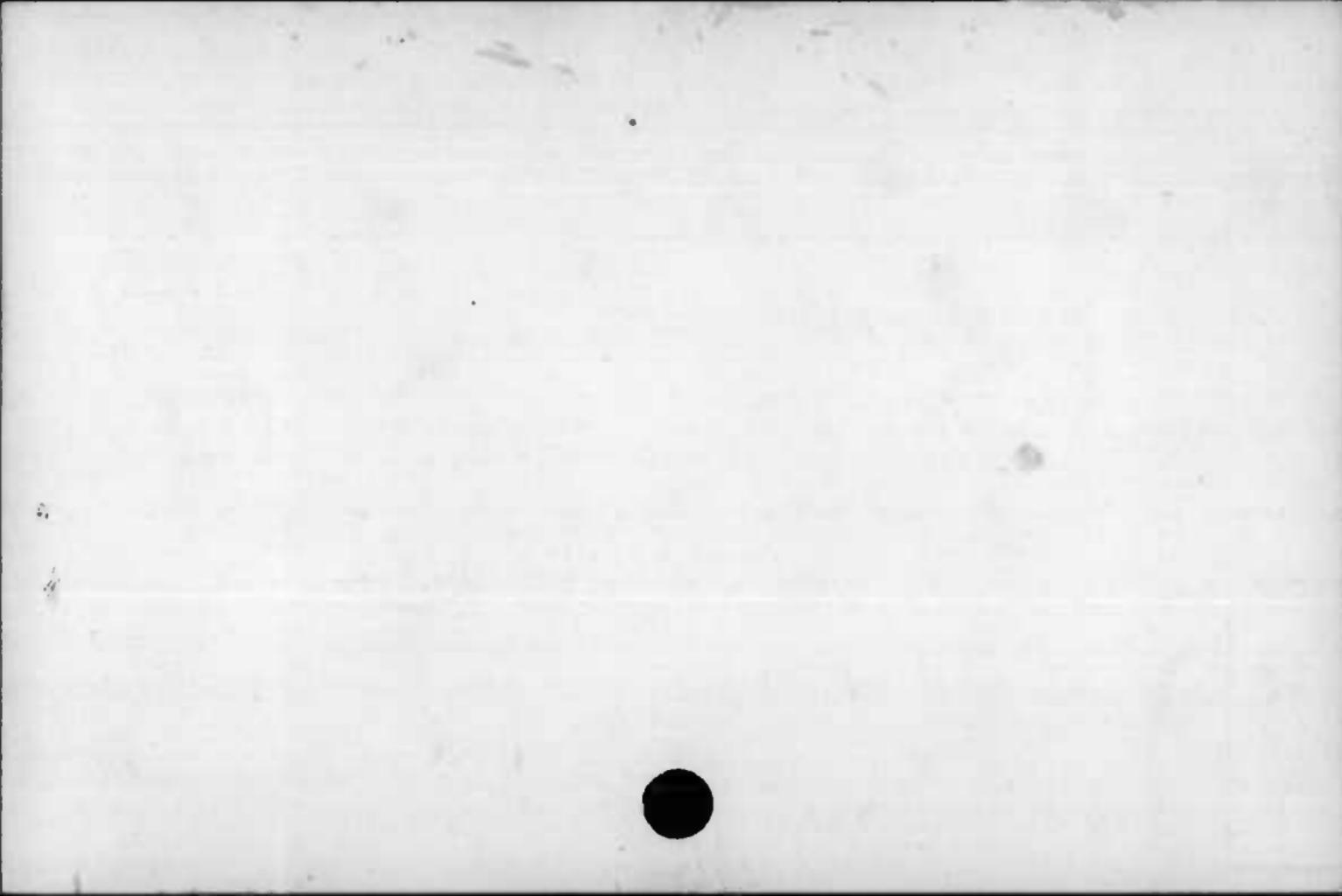
Yes

Signature of Physician

Address

T. W. E. G. Seaman M.D.  
Pocomoke Md.  
Worrell Coend

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month July	Day 25	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Johnson					Father's Birthplace Maryland
Mother's Maiden Name	Lore Bradford					Mother's Birthplace Maryland
Name of person giving information	William Johnson					How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute intestinal diarrhea  
immediate duration

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

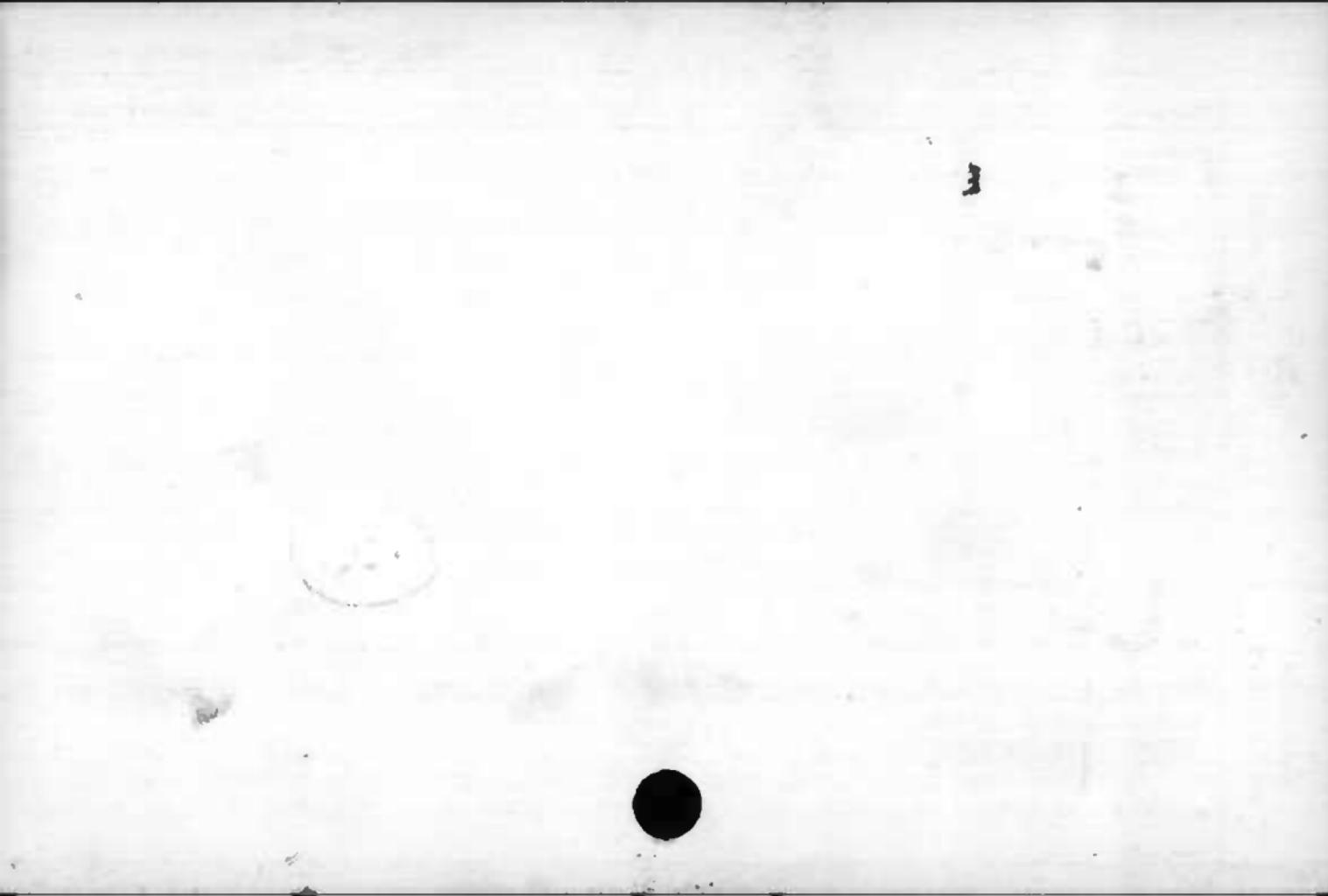
Accident or Suicide

105

How long

How long

Coddiebeam  
Berlin Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Indy Wilkerson						CERTIFICATE OF DEATH	
Died at Bishop B & I #1		Town	County Worcester		MARYLAND		
Date of death 1908	Month July	Day 16	Years		Months 4	Days	
Sex Female	Color or Race	Age White		Birth- place Maryland			
Occupation None	Where Residing if not at place of death at home						
Married, Single or Widowed Single	Name of Wife or Husband None						
Father's Name Robert S. Wilkerson	Father's Birthplace Maryland						
Mother's Maiden Name Indy Willey	Mother's Birthplace Do. 7						
Name of person giving Information Payette Watson	How related to deceased None						
CAUSES OF DEATH						137	

Primary

Immediate

Septicemia (Puerperal)

How long

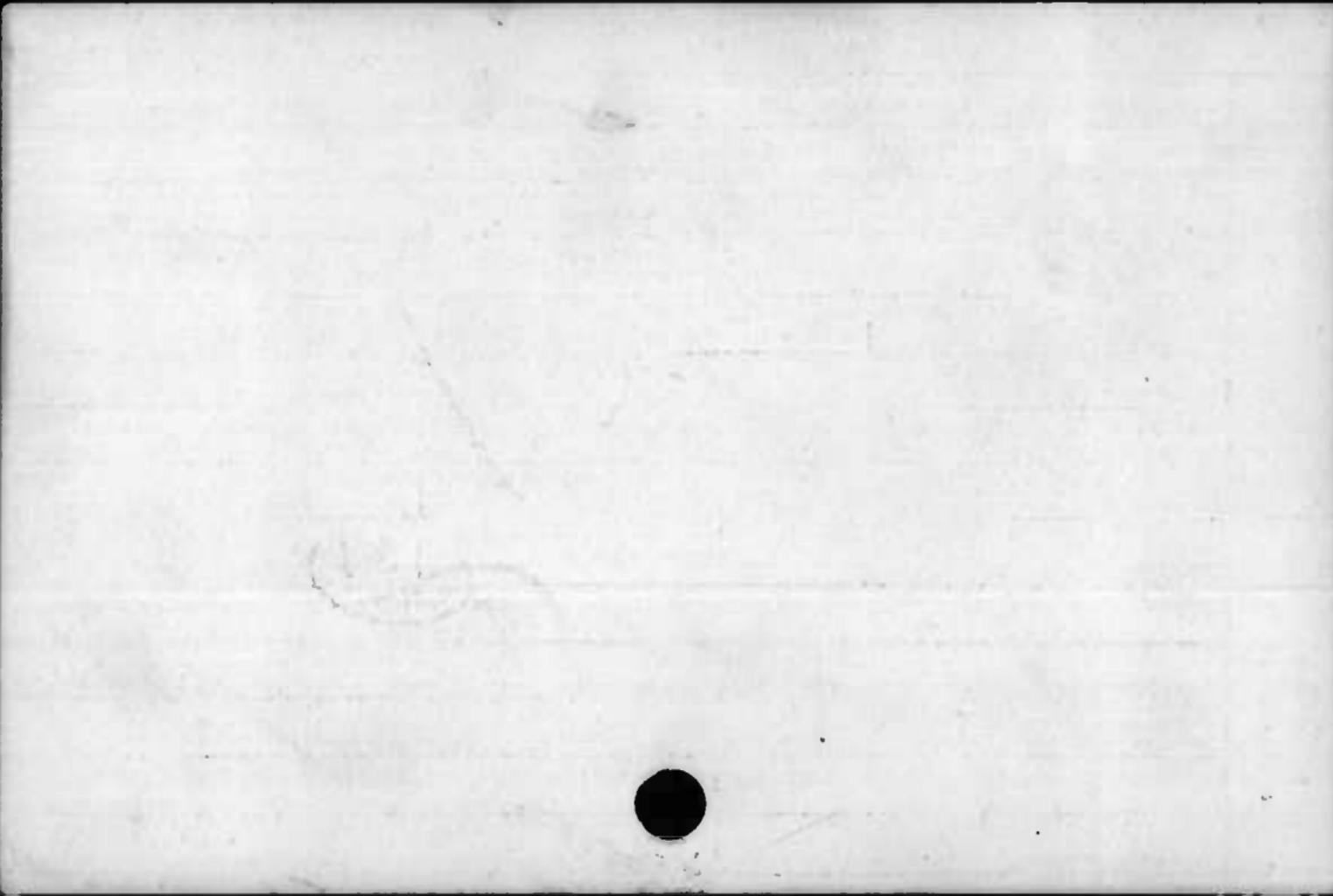
Two weeks

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician  
R.P. Clegg

Address  
Baptist Hospital

Accident or Suicide?



Name  
in  
Full

Morris Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Ocean City	Town	County	MARYLAND	
Date of death	1908	Month July	Day 10 <sup>th</sup>	Years 1	Months — Days —
Sex	Male	Color or Race	Commissair	Birth-place	Cambridge
Occupation				Where Residing if not at place of death	Cambridge
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	Nathan Wolf			Father's Birthplace	Russia
Mother's Maiden Name	Gussie Turley			Mother's Birthplace	Russia
Name of person giving Information	Morris Wolf			How related to deceased	Father

CAUSES OF DEATH

105

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Chloro colitis.

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Francis J. Brownell

Accident or Suicide?

Natural

